

***ASC X12N/005010X220***

**Based on Version 5, Release 1**

**ASC X12 Standards for Electronic Data Interchange  
Technical Report Type 3**

# **Benefit Enrollment and Maintenance (834)**

AUGUST 2006

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# Table of Contents

<b>1</b>	<b>Purpose and Business Information</b>	1
1.1	Implementation Purpose and Scope	1
1.2	Version Information	1
1.3	Implementation Limitations	2
1.3.1	Batch and Real-time Usage	2
1.3.2	Other Usage Limitations	2
1.4	Business Usage	3
1.4.1	Information Flows	3
1.4.2	Location of Insurance Product Identifiers	3
1.4.3	Linking a Dependent to a Subscriber	4
1.4.4	Termination	5
1.4.5	Updates, Versus Full File Audits, Versus Full File Replacements	6
1.4.6	Coverage Levels and Dependents	7
1.5	Business Terminology	8
1.5.1	Date Terminology	9
1.6	Transaction Acknowledgments	10
1.6.1	997 Functional Acknowledgment	10
1.6.2	999 Implementation Acknowledgment	10
1.6.3	824 Application Advice	11
1.7	Related Transactions	11
1.8	Trading Partner Agreements	11
1.9	The HIPAA Role in Implementation Guides	11
<b>2</b>	<b>Transaction Sets</b>	13
2.1	Presentation Examples	13
2.2	Implementation Usage	18
2.2.1	Industry Usage	18
2.2.1.1	Transaction Compliance Related to Industry Usage	19
2.2.2	Loops	19
2.3	Transaction Set Listing	21
2.3.1	Implementation	21
2.3.2	Standard	25
2.4	834 Segment Detail	30
	ST Transaction Set Header	31
	BGN Beginning Segment	32
	REF Transaction Set Policy Number	36
	DTP File Effective Date	37
	QTY Transaction Set Control Totals	38
	N1 Sponsor Name	39
	N1 Payer	41
	N1 TPA/Broker Name	43

ACT	TPA/Broker Account Information.....	45
INS	Member Level Detail.....	47
REF	Subscriber Identifier.....	55
REF	Member Policy Number .....	56
REF	Member Supplemental Identifier.....	57
DTP	Member Level Dates .....	59
NM1	Member Name.....	62
PER	Member Communications Numbers .....	65
N3	Member Residence Street Address .....	68
N4	Member City, State, ZIP Code .....	69
DMG	Member Demographics .....	71
EC	Employment Class.....	76
ICM	Member Income.....	79
AMT	Member Policy Amounts.....	81
HLH	Member Health Information .....	82
LUI	Member Language .....	84
NM1	Incorrect Member Name.....	86
DMG	Incorrect Member Demographics .....	89
NM1	Member Mailing Address .....	92
N3	Member Mail Street Address .....	94
N4	Member Mail City, State, ZIP Code .....	95
NM1	Member Employer .....	97
PER	Member Employer Communications Numbers.....	100
N3	Member Employer Street Address.....	103
N4	Member Employer City, State, ZIP Code.....	104
NM1	Member School .....	106
PER	Member School Communications Numbers.....	108
N3	Member School Street Address.....	111
N4	Member School City, State, ZIP Code .....	112
NM1	Custodial Parent .....	114
PER	Custodial Parent Communications Numbers.....	117
N3	Custodial Parent Street Address .....	120
N4	Custodial Parent City, State, ZIP Code.....	121
NM1	Responsible Person .....	123
PER	Responsible Person Communications Numbers ..	126
N3	Responsible Person Street Address.....	129
N4	Responsible Person City, State, ZIP Code .....	130
NM1	Drop Off Location.....	132
N3	Drop Off Location Street Address .....	134
N4	Drop Off Location City, State, ZIP Code .....	135
DSB	Disability Information .....	137
DTP	Disability Eligibility Dates .....	139
HD	Health Coverage.....	140
DTP	Health Coverage Dates .....	143
AMT	Health Coverage Policy .....	145
REF	Health Coverage Policy Number .....	146
REF	Prior Coverage Months.....	148
IDC	Identification Card.....	150
LX	Provider Information .....	152
NM1	Provider Name.....	153
N3	Provider Address .....	156
N4	Provider City, State, ZIP Code.....	157
PER	Provider Communications Numbers.....	159

PLA	Provider Change Reason .....	162
COB	Coordination of Benefits .....	164
REF	Additional Coordination of Benefits Identifiers .....	166
DTP	Coordination of Benefits Eligibility Dates .....	168
NM1	Coordination of Benefits Related Entity .....	169
N3	Coordination of Benefits Related Entity Address..	171
N4	Coordination of Benefits Other Insurance Company City, State, ZIP Code.....	172
PER	Administrative Communications Contact.....	174
LS	Additional Reporting Categories .....	176
LX	Member Reporting Categories .....	177
N1	Reporting Category .....	178
REF	Reporting Category Reference .....	179
DTP	Reporting Category Date .....	181
LE	Additional Reporting Categories Loop Termination .....	183
SE	Transaction Set Trailer.....	184

### **3 Examples..... 185**

3.1	Business Case Scenario 1 .....	185
3.2	Business Case Scenario 2 .....	186
3.3	Business Case Scenario 3 .....	187
3.4	Business Case Scenario 4 .....	188
3.5	Business Case Scenario 5 .....	189
3.6	Business Case Scenario 6 .....	190
3.7	Business Case Scenario 7 .....	191
3.8	Business Case Scenario 8 .....	192
3.9	Business Case Scenario 9 .....	193
3.10	Business Case Scenario 10 .....	193

### **A External Code Sources.....A.1**

5	Countries, Currencies and Funds .....	A.1
22	States and Provinces.....	A.2
51	ZIP Code .....	A.2
94	International Organization for Standardization (Date and Time) .....	A.3
102	Languages .....	A.4
131	International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) .....	A.4
206	Government Bill of Lading Office Code .....	A.5
307	National Council for Prescription Drug Programs Pharmacy Number .....	A.5
457	NISO Z39.53 Language Code List.....	A.6
537	Centers for Medicare and Medicaid Services National Provider Identifier .....	A.6
540	Centers for Medicare and Medicaid Services PlanID .....	A.7
859	Classification of Race or Ethnicity .....	A.7
860	Race or Ethnicity Collection Code .....	A.8
896	International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS).....	A.8
932	Universal Postal Codes .....	A.9

---

<b>B</b>	<b>Nomenclature</b> .....	B.1
<b>B.1</b>	<b>ASC X12 Nomenclature</b> .....	B.1
<b>B.1.1</b>	<b>Interchange and Application Control Structures</b> .....	B.1
B.1.1.1	Interchange Control Structure .....	B.1
B.1.1.2	Application Control Structure Definitions and Concepts .....	B.2
B.1.1.3	Business Transaction Structure Definitions and Concepts .....	B.6
B.1.1.4	Envelopes and Control Structures .....	B.19
B.1.1.5	Acknowledgments .....	B.22
<b>B.2</b>	<b>Object Descriptors</b> .....	B.23

---

<b>C</b>	<b>EDI Control Directory</b> .....	C.1
<b>C.1</b>	<b>Control Segments</b> .....	C.1
ISA	Interchange Control Header .....	C.3
GS	Functional Group Header .....	C.7
GE	Functional Group Trailer .....	C.9
IEA	Interchange Control Trailer .....	C.10

---

<b>D</b>	<b>Change Summary</b> .....	D.1
----------	-----------------------------	-----

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<b>E</b>	<b>Data Element Glossary</b> .....	E.1
<b>E.1</b>	<b>Data Element Name Index</b> .....	E.1

# 1 Purpose and Business Information

## 1.1 Implementation Purpose and Scope

For the health care industry to achieve the potential administrative cost savings with Electronic Data Interchange (EDI), standards have been developed and need to be implemented consistently by all organizations. To facilitate a smooth transition into the EDI environment, uniform implementation is critical.

The purpose of this implementation guide is to provide standardized data requirements and content to users of Version 005010 of ANSI ASC X12, Benefit Enrollment and Maintenance (834). The 834 is used to transfer enrollment information from the sponsor of the insurance coverage, benefits, or policy to a payer. The intent of this implementation guide is to meet the health care industry's specific need for the initial enrollment and subsequent maintenance of individuals who are enrolled in insurance products. This implementation guide specifically addresses the enrollment and maintenance of health care products only. One or more separate guides may be developed for life, flexible spending, and retirement products.

## 1.2 Version Information

This implementation guide is based on the October 2003 ASC X12 standards, referred to as Version 5, Release 1, Sub-release 0 (005010).

The unique Version/Release/Industry Identifier Code for transaction sets that are defined by this implementation guide is 005010**X220**.

The two-character Functional Identifier Code for the transaction set included in this implementation guide:

- **BE Benefit Enrollment and Maintenance (834)**

The Version/Release/Industry Identifier Code and the applicable Functional Identifier Code must be transmitted in the Functional Group Header (GS segment) that begins a functional group of these transaction sets. For more information, see the descriptions of GS01 and GS08 in Appendix C, EDI Control Directory.

## 1.3 Implementation Limitations

### 1.3.1 Batch and Real-time Usage

There are multiple methods available for sending and receiving business transactions electronically. Two common modes for EDI transactions are batch and real-time.

**Batch** - In a batch mode the sender does not remain connected while the receiver processes the transactions. Processing is usually completed according to a set schedule. If there is an associated business response transaction (such as a 271 Response to a 270 Request for Eligibility), the receiver creates the response transaction and stores it for future delivery. The sender of the original transmission reconnects at a later time and picks up the response transaction. This implementation guide does not set specific response time parameters for these activities.

**Real Time** - In real-time mode the sender remains connected while the receiver processes the transactions and returns a response transaction to the sender. This implementation guide does not set specific response time parameters for implementers.

This implementation guide is intended to support use in batch mode. This implementation guide is not intended to support use in real-time mode. A statement that the transaction is not intended to support a specific mode does not preclude its use in that mode between willing trading partners.

### 1.3.2 Other Usage Limitations

There are not other usage limitations.

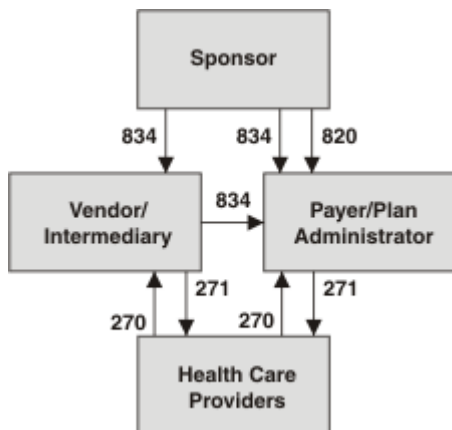
Any response back to the Sponsor from the received transaction is outside the scope of the 834 and is the responsibility of the sponsor and payer.



## 1.4 Business Usage

### 1.4.1 Information Flows

Figure 1.1 - Health Care



Transaction sets included in the information flow diagram:

- 834: Benefit Enrollment and Maintenance
- 820: Payment Order/Remittance Advice
- 270: Health Care Eligibility/Benefit Inquiry
- 271: Health Care Eligibility/Benefit Information

### 1.4.2 Location of Insurance Product Identifiers

The 834 allows three locations for Insurance Product Identifiers, such as policy numbers and group numbers:

1. A situational REF segment at the Transaction level
2. A situational REF segment at the Member level (loop 2000)
3. A situational REF segment at the Health Coverage level (loop 2300)

The work group found that there was no consistent use for the Insurance Product Identifier at any level. For this reason, the consensus by the work group was to make the Insurance Product Identifier situational at all the levels. However, at least one REF segment containing the Insurance Product Identifier must be present for each Insurance Product either at the Transaction, Member, or Health Coverage level.

The work group selected code "38", Master Policy Number, at the Transaction level. This identifier is to be sent when the Insurance Product Identifier applies to all the Insurance Products in the Transaction.

The work group found that most of the time the Insurance Product Identifier is communicated at the Member level (loop 2000). The work group selected code "1L", Group or Policy Number, at this level. The Group or Policy Number applies to all the Health Coverage iterations (loop 2300) for the member named in loop 2000. Other iterations of the REF segment with other qualifiers are included to support business needs under the specific policy. The developers of this implementation guide were not able to limit the sender to a single code because of the variety of different insurance plans.

At the Health Coverage level (loop 2300), the sender also has the option of sending the Group or Policy Number. The work group selected code "1L", Group or Policy Number, at this level. This applies when different policy numbers exist for each Insurance Product specified in the HD segments.

### 1.4.3 Linking a Dependent to a Subscriber

Subscribers and dependents are sent as separate occurrences of Loop ID-2000. The initial enrollment for the subscriber must be sent before sending the initial enrollment for any of the subscriber's dependents. The enrollment of a dependent may follow the subscriber's enrollment in the same transmission, or it may be sent separately in a later transmission. Maintaining the existing enrollments of a subscriber and dependents can occur in any sequence.

Payers use various means to link dependents to the subscriber. The most common method is to use the subscriber's Social Security Number (SSN). To allow linking between subscribers and dependents without making assumptions about the receiving system, use the code "0F," Subscriber Number, in the REF segment, Loop ID-2000, position 0200. The subscriber's unique identifier is sent in this segment in both the subscriber's and the dependent's Loop ID-2000.

The individual's SSN is sent and identified as such in NM108, Loop ID-2000, position 0300. This applies to both subscribers and dependents. If the SSN is used for linking, then the subscriber's SSN is sent in both locations on the subscriber's Loop ID-2000.

## 1.4.4 Termination

The content of transactions intended to terminate coverage for subscribers and/or related members was the subject of extensive discussion during development of this implementation guide. The work group attempted to strike a balance between the systemic and operational benefits of highly detailed, rich data content and the reality of a current practice in which many plan sponsors and other originators of this transaction may have less than complete data on hand.

To accommodate the greatest possible number of users, the work group adopted a guiding principle that only the minimum necessary data would be required for a given type of termination, but that additional data could be sent at the sender's discretion. Trading partners should agree on their approach to communicating terminations in their trading partner agreement. Regardless of additional data and trading partner agreements, transactions of certain format and content must cause very specific outcomes in receiver systems. The following paragraphs describe the actions that must be taken by receivers of specific termination transactions.

A termination date passed at the INS level for an individual who is the subscriber (That is, a termination date passed in the DTP segment in position 0250 in the 2000 loop for an INS segment with INS01 = 'Y') indicates that all coverages for that subscriber and any associated dependants are to be terminated in the receiver's system on the indicated date. Said another way, if a subscriber, spouse and two children are all enrolled in medical, prescription and vision coverages in the receiver's system, an "Eligibility End" date passed in that DTP segment for the subscriber must cause the termination of all three coverages for all four individuals in the receiver's system on the date provided in DTP03.

A termination date passed at the INS level for an individual who is not the subscriber (That is, a termination date passed in the DTP segment in position 0250 in the 2000 loop for an INS segment with INS01 = 'N') indicates that all coverages for that individual are to be terminated in the receiver's system on the indicated date. If a subscriber, spouse and two children are all enrolled in medical, prescription and vision coverages in the receiver's system, an "Eligibility End" date passed in that DTP segment for the spouse must cause the termination of all three coverages for one individual (the spouse).

A termination date passed at the HD level (that is, a termination date passed in the DTP segment in position 2700 in the 2300 loop for an HD loop of any coverage type) applies singly to an individual and a coverage. If a subscriber, spouse and two children are all enrolled in medical, prescription and vision coverages in the receiver's system, a "Benefit End" date passed in the DTP segment subordinate to the vision coverage for the spouse

indicates that the last day of the spouse's vision coverage is the date provided in that segment's DTP03. Coverage for other lines of coverage for the member will not be affected, nor will any coverage for any other member linked to the same subscriber.

Termination dates are not to be sent at both the HD and INS levels for a particular occurrence of loop 2000.

For an individual who is not the subscriber, terminating all lines of coverage at the HD level is the equivalent of terminating that dependent at the INS level. For a subscriber, terminating all insurance products at the HD level is not equivalent to passing the termination at the INS level. Passing terminations at the INS level for a subscriber causes all coverages for all linked dependants to be terminated. Passing terminations at the HD level for a subscriber does not affect the coverages of other individuals linked to that subscriber - dependants may continue to be covered in dependant-only coverage.

In the case of transfer from one coverage to another, it is necessary to terminate the old coverage and then add the new coverage. An add to a new coverage must never be assumed to result in the automatic termination of the prior coverage. This means that multiple coverage loops (HD loops) for the same individual for the same line of coverage will be present in the same transaction to indicate movement between coverages and/or eligibility groups.

In the case of a full file replacement, member records that were previously reported as covered and subsequently omitted from the full file replacement can be processed in various ways by the receiver as described in their trading partner agreement.

## **1.4.5 Updates, Versus Full File Audits, Versus Full File Replacements**

The 834 transaction can be used to provide either updates to the enrollment database, full file audits of the 834 enrollment process, or full file replacements.

An update is either an "add", "terminate" or "change" request. The transaction only contains information about the changed members. This is identified in BGN08 by a code value of '2', Change (Update). This is the most efficient and preferred method for regular maintenance of enrollment files.

A full file audit lists all current members, whether involved in a change or not. This facilitates keeping the sponsor's and payer's systems in sync. This is not intended to contain a history of all previous enrollments. The full file audit is intended to identify all active members, at a given point in time and may or may not include terminated members

based on your Trading Partner Agreement. The full file audit is not intended to be used to make any changes to the enrollment database. This type of transaction is identified by a BGN08 code value of '4', Verify. Any response back to the sponsor from the received transactions are outside the scope of the 834 and are the responsibility of the sponsor and payer. In addition, INS03 in Loop 2000 and HD01 in Loop 2300 must be set to a value of '030', Audit or Compare.

A full file replacement can be used to report all enrollees, if the sponsor's system limitations prevent them from being able to use the preferred update method. The full file replacement is intended to identify all active members, at a given point in time and may or may not include terminated members based on your Trading Partner Agreement. This is identified in BGN08 by a code value of 'RX', Replace. Because this model is more costly and requires more resources to process, it is not recommended. 'Replace' should not be used for regular, daily, processing. It is recommended that this be used no more frequently than monthly.

The most efficient and preferred method for regular maintenance of enrollment files is to use 'Change (Update)' transactions. Periodic audit files can be used to verify the update process. Full file replacement files can be used if the sponsor's system limitations prevent them from sending an update file. This is intended to identify all active members at a given point in time and may or may not include terminated members based on your trading partner agreement.

## 1.4.6 Coverage Levels and Dependents

Differences exist in how Payers handle dependents. Some Payers identify a coverage level (HD05) for the subscriber which defines the coverage for eligible dependents as well. Other Payers need detailed information on each dependent in order to maintain their databases. Still other Payers require both types of information.

The trading partner agreement between the Payer and the Sponsor must identify the member reporting requirements for the Enrollment transaction.

When the insurance contract requires the Coverage Level code and no dependent information, HD05 is Required for all initial enrollment or changes to the Coverage Level Code.

When Dependent information is required without the Coverage Level Codes, separate INS loops are Required for enrollment or change for each dependent. See the Termination section for more information. HD05 is NOT USED for any dependent.

When the dependent information and Coverage Level Code are Required, the Coverage Level Code (HD05) must be used for all subscriber initial enrollment or when the Subscriber's Coverage Level Code changes. This change applies to all covered dependents of the subscriber. The Coverage Level Code is NOT USED with dependent enrollment, changes or terminations. Note: If a dependent addition or termination effectively changes the Coverage Level Code of a subscriber, the subscriber must be changed directly if the insurance contract requires use of the Coverage Level Code.

## 1.5 Business Terminology

### **Dependent**

A dependent is an individual who is eligible for coverage because of his or her association with a subscriber. Typically, a dependent is a member of the subscriber's family.

### **Health Care Providers**

Health care providers are individuals and organizations that provide health care services. Health care providers can include physicians, hospitals, clinics, pharmacies, and long-term care facilities. The legal definition of health care provider is included in section 262, Administrative Simplification, of the Health Insurance Portability and Accountability Act of 1996.

### **Insured or Member**

An insured individual or member is a subscriber or dependent who has been enrolled for coverage under an insurance plan. Dependents of a Subscriber who have not been individually enrolled for coverage are not included in Insured or Member.

### **Payer/Insurer**

The payer is the party that pays claims and/or administers the insurance coverage, benefit, or product. A payer can be an insurance company; Health Maintenance Organization (HMO); Preferred Provider Organization (PPO); a government agency, such as Medicare or CHAMPUS/TRICARE; or another organization contracted by one of these groups.

### **Plan Administrator**

The plan administrator is the entity that administers a benefit plan and determines the amount to be paid on a claim but does not actually make the payment.

### **Sponsor**

A sponsor is the party that ultimately pays for the coverage, benefit, or product. A sponsor can be an employer, union, government agency, association, or insurance agency.

### **Subscriber**

The subscriber is an individual eligible for coverage because of his or her association with a sponsor. Examples of subscribers include the following: employees; union members; and individuals covered under government programs, such as Medicare and Medicaid

### **Third Party Administrator (TPA)**

A sponsor may elect to contract with a Third Party Administrator (TPA) or other vendor to handle collecting insured member data if the sponsor chooses not to perform this function.

### **Vendors/Intermediaries**

Vendors and intermediaries are organizations that distribute information about eligibility for specific benefits, but they do not actually administer the plan or make payments.

## **1.5.1 Date Terminology**

Users of past 834 implementation guides encountered considerable confusion about what codes should be used for dates related to the insured in Loop ID-2000 and to the insurance coverage in Loop ID-2300. This confusion resulted because several codes with very similar uses were available. These codes include the following: effective date, eligibility date, enrollment date, plan date, coverage date, and benefit date.

The tendency has been to try to use the same terminology as that used in the application systems. Lengthy discussion was required to reach a resolution because the application systems' terminology often differed among different systems. To facilitate communications between different systems, the developers of this implementation guide have limited the codes in Loop ID-2300 DTP, with the term "benefit" being used for actual dates of coverage. The developers of this implementation guide recommend that the term "Eligibility" is used from the point of view of the plan sponsor. That is, an individual's "eligibility" dates are those during which he or she may choose to be covered by the sponsor's benefits. The developers further recommend that the term "enrollment" be used from the point of view of the payor. In this case, an individual's "enrollment" dates are those dates during which he or she is covered by a particular benefit.

Many more codes are listed in the DTP segment in Loop ID-2000. The developers of this implementation guide recommend that the term "eligibility" be used to refer to the dates on which an insured individual may choose to be covered.

## 1.6 Transaction Acknowledgments

There are several acknowledgment implementation transactions available for use. The IG developers have noted acknowledgment requirements in this section. Other recommendations of acknowledgment transactions may be used at the discretion of the trading partners. A statement that the acknowledgment is not required does not preclude its use between willing trading partners.

### 1.6.1 997 Functional Acknowledgment

The 997 informs the submitter that the functional group arrived at the destination. It may include information about the syntactical quality of the functional group.

The Functional Acknowledgment (997) transaction is not required as a response to receipt of a batch transaction compliant with this implementation guide.

The Functional Acknowledgment (997) transaction is not required as a response to receipt of a real-time transaction compliant with this implementation guide.

A 997 Implementation Guide is being developed for use by the insurance industry and is expected to be available for use with this version of this Implementation Guide.

### 1.6.2 999 Implementation Acknowledgment

The 999 informs the submitter that the functional group arrived at the destination. It may include information about the syntactical quality of the functional group and the implementation guide compliance.

The Implementation Acknowledgment (999) transaction is not required as a response to receipt of a batch transaction compliant with this implementation guide.

The Implementation Acknowledgment (999) transaction is not required as a response to receipt of a real-time transaction compliant with this implementation guide.

A 999 Implementation Guide is being developed for use by the insurance industry and is expected to be available for use with this version of this Implementation Guide.

### 1.6.3 824 Application Advice

The 824 informs the submitter of the results of the receiving application system's data content edits of transaction sets.



The Application Advice (824) transaction is not required as a response to receipt of a batch transaction compliant with this implementation guide.

The Application Advice (824) transaction is not required as a response to receipt of a real-time transaction compliant with this implementation guide.

An 824 Implementation Guide is being developed for use by the insurance industry and is expected to be available for use with this version of this Implementation Guide.

## 1.7 Related Transactions

There are no transactions related to the transactions described in this implementation guide.

## 1.8 Trading Partner Agreements

Trading partner agreements are used to establish and document the relationship between trading partners. A trading partner agreement must not override the specifications in this implementation guide if a transmission is reported in GS08 to be a product of this implementation guide.

## 1.9 HIPAA Role in Implementation Guides

Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (PL 104-191 - known as HIPAA) direct the Secretary of Health and Human Services to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard.

This implementation guide has been developed for use as an insurance industry implementation guide. At the time of publication it has not been adopted as a HIPAA standard. Should the Secretary adopt this implementation guide as a standard, the Secretary will establish compliance dates for its use by HIPAA covered entities.

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## 2 Transaction Set

### **NOTE**

See Appendix B, Nomenclature, to review the transaction set structure, including descriptions of segments, data elements, levels, and loops.

### 2.1 Presentation Examples

The ASC X12 standards are generic. For example, multiple trading communities use the same PER segment to specify administrative communication contacts. Each community decides which elements to use and which code values in those elements are applicable.

This implementation guide uses a format that depicts both the generalized standard and the insurance industry-specific implementation. In this implementation guide, **IMPLEMENTATION** specifies the requirements for this implementation. **X12 STANDARD** is included as a reference only.

The transaction set presentation is comprised of two main sections with subsections within the main sections:

#### 2.3 Transaction Set Listing

There are two sub-sections under this general title. The first sub-section concerns this implementation of a generic X12 transaction set. The second sub-section concerns the generic X12 standard itself.

##### **IMPLEMENTATION**

This section lists the levels, loops, and segments contained in this implementation. It also serves as an index to the segment detail.

##### **STANDARD**

This section is included as a reference.

#### 2.4 Segment Detail

There are three sub-sections under this general title. This section repeats once for each segment used in this implementation providing segment specific detail and X12 standard detail.

##### **SEGMENT DETAIL**

This section is included as a reference.

##### **DIAGRAM**

This section is included as a reference. It provides a pictorial view of the standard and shows which elements are used in this implementation.

##### **ELEMENT DETAIL**

This section specifies the implementation details of each data element.

These illustrations (Figures 2.1 through 2.5) are examples and are not extracted from the Section 2 detail in this implementation guide. Annotated illustrations, presented below in the same order they appear in this implementation guide, describe the format of the transaction set that follows.

IMPLEMENTATION

Indicates that this section is the implementation and not the standard

**8XX Insurance Transaction Set**

**Table 1 - Header**

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
53	0100	ST	Transaction Set Header	R	1	
54	0200	BPR	Financial Information	R	1	
60	0400	TRN	Reassociation Key	R	1	
62	0500	CUR	Non-US Dollars Currency	S	1	
65	0600	REF	Receiver ID	S	1	
66	0600	REF	Version Number	S	1	
68	0700	DTM	Production Date	S	1	
<b>PAYER NAME</b>						<b>1</b>
70	0800	N1	Payer Name	R	1	
72	1000	N3	Payer Address	S	1	
75	1100	N4	Payer City, State, Zip	S	1	
76	1200	REF	Additional Payer Reference Number	S	1	
78	1300	PER	Payer Contact	S	1	
<b>PAYEE NAME</b>						<b>1</b>
79	0800	N1	Payee Name	R	1	
81	1000	N3	Payee Address	S	1	
82	1100	N4	Payee City, State, Zip	S	1	
84	1200	REF	Payee Additional Reference Number	S	>1	

Position Numbers and Segment IDs retain their X12 values

Individual segments and entire loops are repeated

Figure 2.1. Transaction Set Key — Implementation

STANDARD

Indicates that this section is identical to the ASC X12 standard

**8XX Insurance Transaction Set**

Functional Group ID: **XX**

See *Appendix B.1, ASC X12 Nomenclature* for a complete description of the standard

This Draft Standard for Trial Use contains the format and establishes the data contents of the Insurance Transaction Set (8XX) within the context of the Electronic Data Interchange (EDI) environment.

**Table 1 - Header**

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
0100	ST	Transaction Set Header	M	1	
0200	BPR	Beginning Segment	M	1	
0300	NTE	Note/Special Instruction	O	>1	
0400	TRN	Trace	O	1	

Figure 2.2. Transaction Set Key — Standard

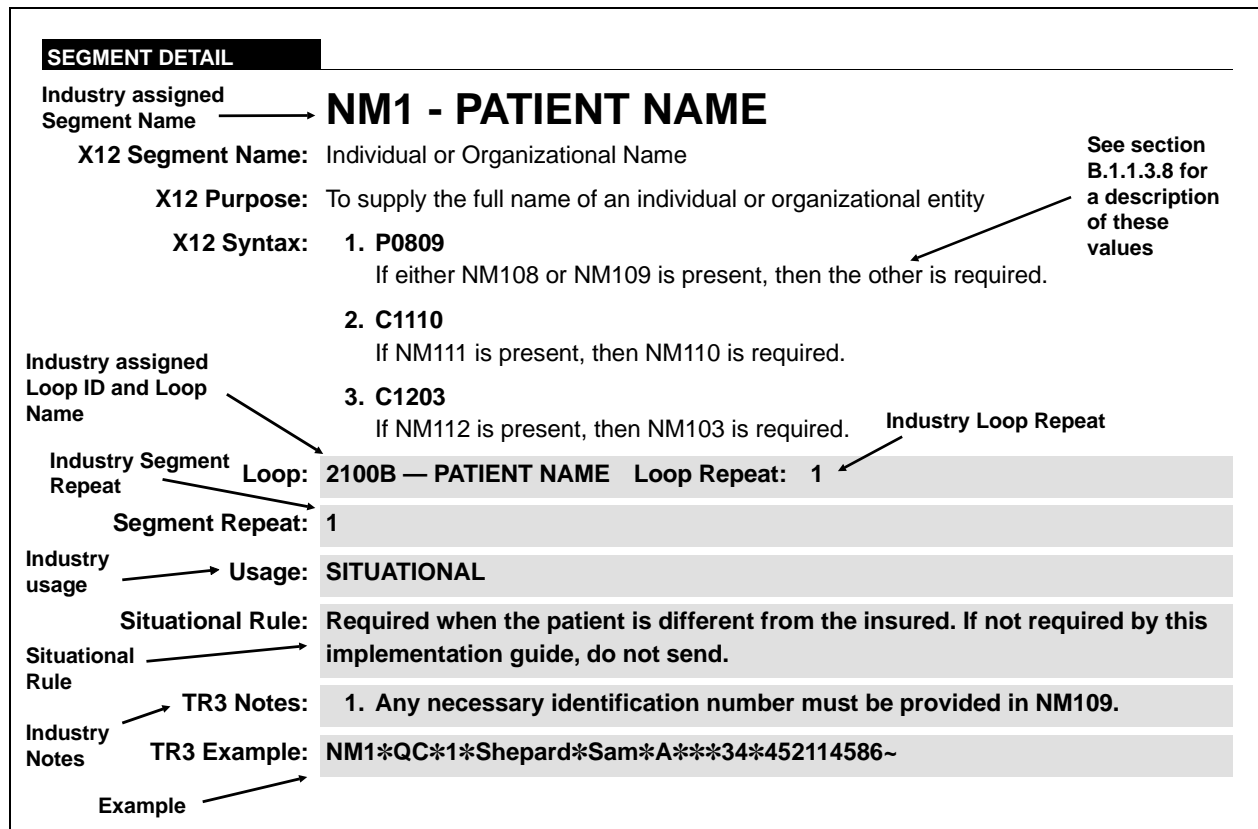


Figure 2.3. Segment Key — Implementation

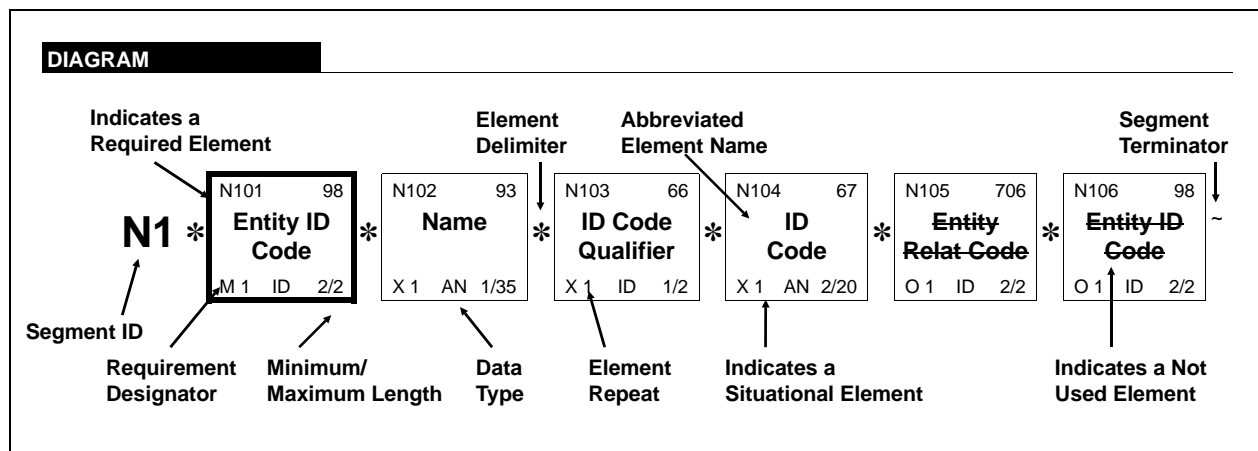


Figure 2.4. Segment Key — Diagram

ELEMENT DETAIL						
USAGE	REF. DES.	DATA ELEMENT	NAME	Element Repeat	ATTRIBUTES	
REQUIRED	SVC01	C003	COMPOSITE MEDICAL PROCEDURE IDENTIFIER To identify a medical procedure by its standardized codes and applicable modifiers Use the Primary Payer's adjudicated Medical Procedure Code.	M 1		
Reference Designator						
Composite Number						
REQUIRED	SVC01 - 1	235	Product/Service ID Qualifier Code identifying the type/source of the descriptive number used in Product/Service ID (234) IMPLEMENTATION NAME: Product or Service ID Qualifier The value in SVC01-1 qualifies the values in SVC01-2, SVC01-3, SVC01-4, SVC01-5, and SVC01-6.	M ID	2/2	
Industry Usage: See the following page for complete descriptions						
Industry Note						
Selected Code Values			AD	American Dental Association Codes CODE SOURCE 135: American Dental Association		
See Appendix A for external code source reference			HP	Health Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code CODE SOURCE 716: Health Insurance Prospective Payment System (HIPPS) Rate Code for Skilled Nursing Facilities		
REQUIRED	SVC01 - 2	234	Product/Service ID Identifying number for a product or service	M AN	1/48	
NOT USED	SVC01 - 3	1339	Procedure Modifier	O AN	2/2	
NOT USED	SVC01 - 4	1339	Procedure Modifier	O AN	2/2	
NOT USED	SVC01 - 5	1339	Procedure Modifier	O AN	2/2	
NOT USED	SVC01 - 6	1339	Procedure Modifier	O AN	2/2	
NOT USED	SVC01 - 7	352	Description	O AN	1/80	
REQUIRED	SVC02	782	Monetary Amount Monetary amount SEMANTIC: SVC02 is the submitted service charge. This value can not be negative.	M 1 R	1/18	
Data Element Number						
NOT USED	SVC03	782	Monetary Amount	O 1 R	1/18	
SITUATIONAL	SVC04	234	Product/Service ID Identifying number for a product or service SEMANTIC: SVC04 is the National Uniform Billing Committee Revenue Code. SITUATIONAL RULE: Required when an NUBC revenue code was considered during adjudication in addition to a procedure code already identified in SVC01. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: National Uniform Billing Committee Revenue Code	O 1 AN	1/48	
X12 Semantic Note						
Situational Rule						
Implementation Name See Appendix E for definition						

Figure 2.5. Segment Key — Element Summary

## 2.2 Implementation Usage

### 2.2.1 Industry Usage

Industry Usage describes when loops, segments, and elements are to be sent when complying with this implementation guide. The three choices for Usage are required, not used, and situational. To avoid confusion, these are named differently than the X12 standard Condition Designators (mandatory, optional, and relational).

**Required** This loop/segment/element must always be sent.

Required segments in Situational loops only occur when the loop is used.

Required elements in Situational segments only occur when the segment is used.

Required component elements in Situational composite elements only occur when the composite element is used.

**Not Used** This element must never be sent.

**Situational** Use of this loop/segment/element varies, depending on data content and business context as described in the defining rule. The defining rule is documented in a Situational Rule attached to the item.

There are two forms of Situational Rules.

The first form is "Required when <explicit condition statement>. If not required by this implementation guide, may be provided at the sender's discretion, but cannot be required by the receiver." The data qualified by such a situational rule cannot be required or requested by the receiver, transmission of this data is solely at the sender's discretion.

The alternative form is "Required when <explicit condition statement>. If not required by this implementation guide, do not send." The data qualified by such a situational rule cannot be sent except as described in the explicit condition statement.



### 2.2.1.1

## Transaction Compliance Related to Industry Usage

A transmitted transaction complies with an implementation guide when it satisfies the requirements as defined within the implementation guide. The presence or absence of an item (loop, segment, or element) complies with the industry usage specified by this implementation guide according to the following table.

Industry Usage	Business Condition is	Item is	Transaction Complies with Implementation Guide?
Required	N/A	Sent	Yes
		Not Sent	No
Not Used	N/A	Sent	No
		Not Sent	Yes
Situational (Required when <explicit condition statement>. If not required by this implementation guide, may be provided at the sender's discretion, but cannot be required by the receiver.)	True	Sent	Yes
		Not Sent	No
	Not True	Sent	Yes
		Not Sent	Yes
Situational (Required when <explicit condition statement>. If not required by this implementation guide, do not send.)	True	Sent	Yes
		Not Sent	No
	Not True	Sent	No
		Not Sent	Yes

This table specifies how an entity is to evaluate a transmitted transaction for compliance with industry usage. It is not intended to require or imply that the receiver must reject non-compliant transactions. The receiver will handle non-compliant transactions based on its business process and any applicable regulations.

### 2.2.2

## Loops

Loop requirements depend on the context or location of the loop within the transaction. See Appendix B for more information on loops.

- A nested loop can be used only when the associated higher level loop is used.
- The usage of a loop is the same as the usage of its beginning segment.
  - If a loop's beginning segment is Required, the loop is Required and must occur at least once unless it is nested in a loop that is not being used.
  - If a loop's beginning segment is Situational, the loop is Situational.
- Subsequent segments within a loop can be sent only when the beginning segment is used.
- Required segments in Situational loops occur only when the loop is used.



## **2.3 Transaction Set Listing**

### **2.3.1 Implementation**

This section lists the levels, loops, and segments contained in this implementation. It also serves as an index to the segment detail. Refer to section 2.1 Presentation Examples for detailed information on the components of the Implementation section.

## IMPLEMENTATION

# 834 Benefit Enrollment and Maintenance

**Table 1 - Header**

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
31	0100	ST	Transaction Set Header	R	1	
32	0200	BGN	Beginning Segment	R	1	
36	0300	REF	Transaction Set Policy Number	S	1	
37	0400	DTP	File Effective Date	S	>1	
38	0600	QTY	Transaction Set Control Totals	S	3	
LOOP ID - 1000A SPONSOR NAME						1
39	0700	N1	Sponsor Name	R	1	
LOOP ID - 1000B PAYER						1
41	0700	N1	Payer	R	1	
LOOP ID - 1000C TPA/BROKER NAME						2
43	0700	N1	TPA/Broker Name	S	1	
LOOP ID - 1100C TPA/BROKER ACCOUNT INFORMATION						1
45	1200	ACT	TPA/Broker Account Information	S	1	

**Table 2 - Detail**

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
LOOP ID - 2000 MEMBER LEVEL DETAIL						>1
47	0100	INS	Member Level Detail	R	1	
55	0200	REF	Subscriber Identifier	R	1	
56	0200	REF	Member Policy Number	S	1	
57	0200	REF	Member Supplemental Identifier	S	13	
59	0250	DTP	Member Level Dates	S	24	
LOOP ID - 2100A MEMBER NAME						1
62	0300	NM1	Member Name	R	1	
65	0400	PER	Member Communications Numbers	S	1	
68	0500	N3	Member Residence Street Address	S	1	
69	0600	N4	Member City, State, ZIP Code	R	1	
71	0800	DMG	Member Demographics	S	1	
76	1000	EC	Employment Class	S	>1	
79	1100	ICM	Member Income	S	1	
81	1200	AMT	Member Policy Amounts	S	7	
82	1300	HLH	Member Health Information	S	1	
84	1500	LUI	Member Language	S	>1	
LOOP ID - 2100B INCORRECT MEMBER NAME						1
86	0300	NM1	Incorrect Member Name	S	1	
89	0800	DMG	Incorrect Member Demographics	S	1	
LOOP ID - 2100C MEMBER MAILING ADDRESS						1
92	0300	NM1	Member Mailing Address	S	1	
94	0500	N3	Member Mail Street Address	R	1	
95	0600	N4	Member Mail City, State, ZIP Code	R	1	

<b>LOOP ID - 2100D MEMBER EMPLOYER</b>					<b>3</b>
97	0300	NM1	Member Employer	S	1
100	0400	PER	Member Employer Communications Numbers	S	1
103	0500	N3	Member Employer Street Address	S	1
104	0600	N4	Member Employer City, State, ZIP Code	R	1
<b>LOOP ID - 2100E MEMBER SCHOOL</b>					<b>3</b>
106	0300	NM1	Member School	S	1
108	0400	PER	Member School Communications Numbers	S	1
111	0500	N3	Member School Street Address	S	1
112	0600	N4	Member School City, State, ZIP Code	R	1
<b>LOOP ID - 2100F CUSTODIAL PARENT</b>					<b>1</b>
114	0300	NM1	Custodial Parent	S	1
117	0400	PER	Custodial Parent Communications Numbers	S	1
120	0500	N3	Custodial Parent Street Address	S	1
121	0600	N4	Custodial Parent City, State, ZIP Code	R	1
<b>LOOP ID - 2100G RESPONSIBLE PERSON</b>					<b>13</b>
123	0300	NM1	Responsible Person	S	1
126	0400	PER	Responsible Person Communications Numbers	S	1
129	0500	N3	Responsible Person Street Address	S	1
130	0600	N4	Responsible Person City, State, ZIP Code	R	1
<b>LOOP ID - 2100H DROP OFF LOCATION</b>					<b>1</b>
132	0300	NM1	Drop Off Location	S	1
134	0500	N3	Drop Off Location Street Address	S	1
135	0600	N4	Drop Off Location City, State, ZIP Code	R	1
<b>LOOP ID - 2200 DISABILITY INFORMATION</b>					<b>&gt;1</b>
137	2000	DSB	Disability Information	S	1
139	2100	DTP	Disability Eligibility Dates	S	2
<b>LOOP ID - 2300 HEALTH COVERAGE</b>					<b>99</b>
140	2600	HD	Health Coverage	S	1
143	2700	DTP	Health Coverage Dates	R	6
145	2800	AMT	Health Coverage Policy	S	9
146	2900	REF	Health Coverage Policy Number	S	14
148	2900	REF	Prior Coverage Months	S	1
150	3000	IDC	Identification Card	S	3
<b>LOOP ID - 2310 PROVIDER INFORMATION</b>					<b>30</b>
152	3100	LX	Provider Information	S	1
153	3200	NM1	Provider Name	R	1
156	3500	N3	Provider Address	S	2
157	3600	N4	Provider City, State, ZIP Code	R	1
159	3700	PER	Provider Communications Numbers	S	2
162	3950	PLA	Provider Change Reason	S	1
<b>LOOP ID - 2320 COORDINATION OF BENEFITS</b>					<b>5</b>
164	4000	COB	Coordination of Benefits	S	1
166	4050	REF	Additional Coordination of Benefits Identifiers	S	4
168	4070	DTP	Coordination of Benefits Eligibility Dates	S	2
<b>LOOP ID - 2330 COORDINATION OF BENEFITS RELATED ENTITY</b>					<b>3</b>
169	4100	NM1	Coordination of Benefits Related Entity	S	1
171	4300	N3	Coordination of Benefits Related Entity Address	S	1

172	4400	N4	Coordination of Benefits Other Insurance Company City, State, ZIP Code	R	1			
174	4500	PER	Administrative Communications Contact	S	1			
176	6880	LS	Additional Reporting Categories	S	1			
<b>LOOP ID - 2710 MEMBER REPORTING CATEGORIES</b>								<b>&gt;1</b>
177	6881	LX	Member Reporting Categories	S	1			
<b>LOOP ID - 2750 REPORTING CATEGORY</b>								<b>1</b>
178	6882	N1	Reporting Category	S	1			
179	6883	REF	Reporting Category Reference	S	16			
181	6884	DTP	Reporting Category Date	S	1			
183	6885	LE	Additional Reporting Categories Loop Termination	S	1			
184	6900	SE	Transaction Set Trailer	R	1			

## 2.3.2 X12 Standard

This section is included as a reference. The implementation guide reference clarifies actual usage. Refer to section 2.1 Presentation Examples for detailed information on the components of the X12 Standard section.

## STANDARD

# 834 Benefit Enrollment and Maintenance

Functional Group ID: **BE**

This X12 Transaction Set contains the format and establishes the data contents of the Benefit Enrollment and Maintenance Transaction Set (834) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to establish communication between the sponsor of the insurance product and the payer. Such transaction(s) may or may not take place through a third party administrator (TPA).

For the purpose of this standard, the sponsor is the party or entity that ultimately pays for the coverage, benefit or product. A sponsor can be an employer, union, government agency, association, or insurance agency.

The payer refers to an entity that pays claims, administers the insurance product or benefit, or both. A payer can be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Champus, etc.), or an entity that may be contracted by one of these former groups.

For the purpose of the 834 transaction set, a third party administrator (TPA) can be contracted by a sponsor to handle data gathering from those covered by the sponsor if the sponsor does not elect to perform this function itself.

**Table 1 - Header**

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
0100	ST	Transaction Set Header	M	1	
0200	BGN	Beginning Segment	M	1	
0300	REF	Reference Information	O	>1	
0400	DTP	Date or Time or Period	O	>1	
0500	AMT	Monetary Amount Information	O	>1	
0600	QTY	Quantity Information	O	>1	
LOOP ID - 1000					>1
0700	N1	Party Identification	M	1	
0800	N2	Additional Name Information	O	2	
0900	N3	Party Location	O	2	
1000	N4	Geographic Location	O	1	
1100	PER	Administrative Communications Contact	O	3	
LOOP ID - 1100					10
1200	ACT	Account Identification	O	1	
1300	REF	Reference Information	O	5	
1400	N3	Party Location	O	1	
1500	N4	Geographic Location	O	1	
1600	PER	Administrative Communications Contact	O	5	
1700	DTP	Date or Time or Period	O	1	
1800	AMT	Monetary Amount Information	O	1	



**Table 2 - Detail**

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
<b>LOOP ID - 2000</b>					<b>&gt;1</b>
0100	INS	Insured Benefit	O	1	
0200	REF	Reference Information	M	>1	
0250	DTP	Date or Time or Period	O	>1	
<b>LOOP ID - 2100</b>					<b>&gt;1</b>
0300	NM1	Individual or Organizational Name	O	1	
0400	PER	Administrative Communications Contact	O	1	
0500	N3	Party Location	O	1	
0600	N4	Geographic Location	O	1	
0800	DMG	Demographic Information	O	1	
0900	PM	Electronic Funds Transfer Information	O	1	
1000	EC	Employment Class	O	>1	
1100	ICM	Individual Income	O	1	
1200	AMT	Monetary Amount Information	O	10	
1300	HLH	Health Information	O	1	
1400	HI	Health Care Information Codes	O	10	
1500	LUI	Language Use	O	>1	
<b>LOOP ID - 2200</b>					<b>4</b>
2000	DSB	Disability Information	O	1	
2100	DTP	Date or Time or Period	O	10	
2200	AD1	Adjustment Amount	O	10	
<b>LOOP ID - 2300</b>					<b>99</b>
2600	HD	Health Coverage	O	1	
2700	DTP	Date or Time or Period	O	10	
2800	AMT	Monetary Amount Information	O	3	
2900	REF	Reference Information	O	5	
3000	IDC	Identification Card	O	>1	
<b>LOOP ID - 2310</b>					<b>30</b>
3100	LX	Transaction Set Line Number	O	1	
3200	NM1	Individual or Organizational Name	O	1	
3300	N1	Party Identification	O	3	
3400	N2	Additional Name Information	O	1	
3500	N3	Party Location	O	2	
3600	N4	Geographic Location	O	2	
3700	PER	Administrative Communications Contact	O	2	
3800	PRV	Provider Information	O	1	
3900	DTP	Date or Time or Period	O	6	
3950	PLA	Place or Location	O	1	
<b>LOOP ID - 2320</b>					<b>5</b>
4000	COB	Coordination of Benefits	O	1	
4050	REF	Reference Information	O	>1	
4070	DTP	Date or Time or Period	O	2	
<b>LOOP ID - 2330</b>					<b>3</b>
4100	NM1	Individual or Organizational Name	O	1	
4200	N2	Additional Name Information	O	1	
4300	N3	Party Location	O	2	
4400	N4	Geographic Location	O	1	
4500	PER	Administrative Communications Contact	O	1	
<b>LOOP ID - 2400</b>					<b>10</b>
4600	LC	Life Coverage	O	1	

4700	AMT	Monetary Amount Information	O	5
4800	DTP	Date or Time or Period	O	2
4850	REF	Reference Information	O	>1
<b>LOOP ID - 2410</b>				<b>20</b>
4900	BEN	Beneficiary or Owner Information	O	1
5000	NM1	Individual or Organizational Name	O	1
5100	N1	Party Identification	O	1
5200	N2	Additional Name Information	O	1
5300	N3	Party Location	O	1
5400	N4	Geographic Location	O	1
5420	DMG	Demographic Information	O	1
<b>LOOP ID - 2500</b>				<b>5</b>
5500	FSA	Flexible Spending Account	O	1
5600	AMT	Monetary Amount Information	O	10
5700	DTP	Date or Time or Period	O	10
5750	REF	Reference Information	O	>1
<b>LOOP ID - 2600</b>				<b>&gt;1</b>
5800	RP	Retirement Product	O	1
5900	DTP	Date or Time or Period	O	>1
5920	REF	Reference Information	O	>1
5940	INV	Investment Vehicle Selection	O	>1
5960	AMT	Monetary Amount Information	O	20
5970	QTY	Quantity Information	O	20
5980	K3	File Information	O	3
6000	REL	Relationship	O	1
<b>LOOP ID - 2610</b>				<b>&gt;1</b>
6100	NM1	Individual or Organizational Name	O	1
6300	N2	Additional Name Information	O	1
6510	DMG	Demographic Information	O	1
6520	BEN	Beneficiary or Owner Information	O	1
6530	REF	Reference Information	O	>1
<b>LOOP ID - 2620</b>				<b>&gt;1</b>
6540	NX1	Property or Entity Identification	O	1
6550	N3	Party Location	O	1
6560	N4	Geographic Location	O	1
6570	DTP	Date or Time or Period	O	>1
<b>LOOP ID - 2630</b>				<b>&gt;1</b>
6600	FC	Financial Contribution	O	1
6700	DTP	Date or Time or Period	O	>1
<b>LOOP ID - 2640</b>				<b>&gt;1</b>
6780	INV	Investment Vehicle Selection	O	1
6790	DTP	Date or Time or Period	O	>1
6800	QTY	Quantity Information	O	>1
6810	ENT	Entity	O	>1
6820	REF	Reference Information	O	>1
6830	AMT	Monetary Amount Information	O	20
6840	K3	File Information	O	3
<b>LOOP ID - 2650</b>				<b>&gt;1</b>
6850	AIN	Income	O	1
6860	QTY	Quantity Information	O	>1
6870	DTP	Date or Time or Period	O	>1

6880	LS	Loop Header	O	1
LOOP ID - 2700				>1
6881	LX	Transaction Set Line Number	O	1
LOOP ID - 2750				>1
6882	N1	Party Identification	M	1
6883	REF	Reference Information	M	1
6884	DTP	Date or Time or Period	O	1
6885	LE	Loop Trailer	O	1
6900	SE	Transaction Set Trailer	M	1

**NOTES:**

- 1/0500** The AMT segment is used to record the total Flexible Spending Account contributions in the transaction set.
- 1/0600** The QTY segment is used to record the total number of subscribers and dependents in the transaction set.
- 1/0700** At least one iteration of loop 1000 is required to identify the sender or receiver.
- 2/0100** A Subscriber is a person who elects the benefits and is affiliated with the employer or the insurer. A Dependent is a person who is affiliated with the subscriber, such as a spouse, child, etc., and is therefore entitled to benefits. Subscriber information must come before dependent information. The INS segment is used to note if information being submitted is subscriber information or dependent information.
- 2/0200** The REF segment is required to link the dependent(s) to the subscriber.
- 2/3100** Loop 2310 contains information about the primary care providers for the subscriber or the dependent, and about the beneficiaries of any employer-sponsored life insurance for the subscriber.
- 2/3200** Either NM1 or N1 will be included depending on whether an individual or organization is being specified.
- 2/5500** Loop 2500 may only appear for the Subscriber.

## 2.4 834 Segment Detail

This section specifies the segments, data elements, and codes for this implementation. Refer to section 2.1 Presentation Examples for detailed information on the components of the Segment Detail section.

SEGMENT DETAIL

## ST - TRANSACTION SET HEADER

**X12 Segment Name:** Transaction Set Header

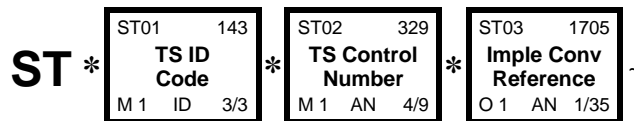
**X12 Purpose:** To indicate the start of a transaction set and to assign a control number

**Segment Repeat:** 1

**Usage:** REQUIRED

**TR3 Example:** ST\*834\*0001\*005010X220~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	ST01	143	<b>Transaction Set Identifier Code</b> Code uniquely identifying a Transaction Set  <b>SEMANTIC:</b> The transaction set identifier (ST01) is used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).	M 1 ID 3/3
			<b>CODE</b>	<b>DEFINITION</b>
			834	<b>Benefit Enrollment and Maintenance</b>
REQUIRED	ST02	329	<b>Transaction Set Control Number</b> Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set  <b>The Transaction Set Control Number in ST02 and SE02 must be identical. The number must be unique within a specific interchange (ISA-IEA), but can repeat in other interchanges.</b>	M 1 AN 4/9
REQUIRED	ST03	1705	<b>Implementation Convention Reference</b> Reference assigned to identify Implementation Convention  <b>SEMANTIC:</b> The implementation convention reference (ST03) is used by the translation routines of the interchange partners to select the appropriate implementation convention to match the transaction set definition. When used, this implementation convention reference takes precedence over the implementation reference specified in the GS08.  <b>This element must be populated with the guide identifier named in Section 1.2.</b>  <b>This field contains the same value as GS08. Some translator products strip off the ISA and GS segments prior to application (STSE) processing. Providing the information from the GS08 at this level will ensure that the appropriate application mapping is utilized at translation time.</b>	O 1 AN 1/35

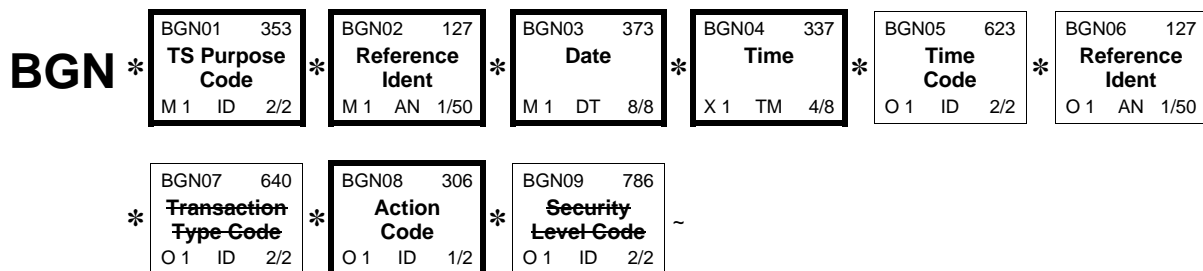
## SEGMENT DETAIL

**BGN - BEGINNING SEGMENT****X12 Segment Name:** Beginning Segment**X12 Purpose:** To indicate the beginning of a transaction set**X12 Syntax:** 1. **C0504**

If BGN05 is present, then BGN04 is required.

**Segment Repeat:** 1**Usage:** REQUIRED**TR3 Example:** BGN\*00\*11227\*19970920\*1200\*ES\*\*\*2~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	BGN01	353	Transaction Set Purpose Code Code identifying purpose of transaction set	M 1 ID 2/2
			CODE	DEFINITION
		00	Original	<p>If the original transaction has already been processed, an incoming transaction using this code may be rejected by the receiver. The rejection will be identified to the sender by telephone or other direct contact.</p> <p>The “00” indicates the first time the transaction is sent.</p>
		15	Re-Submission	<p>Send the “15” when the original transmission was incorrect, has yet to be processed by the receiver, and a new corrected transmission is being sent. This transmission can then be pended by the receiver’s translator for further review.</p>
		22	Information Copy	<p>Send the “22” when the original transmission was lost or not processed, and the sender is passing another transmission that is the same as the original.</p>

REQUIRED	BGN02	127	<div>Reference Identification</div> <div>Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier</div> <div>SEMANTIC: BGN02 is the transaction set reference number.</div> <div>IMPLEMENTATION NAME: Transaction Set Reference Number</div> <div>This element is the transaction set reference number assigned by the sender's application. It uniquely identifies this occurrence of the transaction for future reference.</div>																				
REQUIRED	BGN03	373	<div>Date</div> <div>M 1 DT 8/8</div> <div>Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year</div> <div>SEMANTIC: BGN03 is the transaction set date.</div> <div>IMPLEMENTATION NAME: Transaction Set Creation Date</div> <div>This element identifies the date that the submitter created the file.</div>																				
REQUIRED	BGN04	337	<div>Time</div> <div>X 1 TM 4/8</div> <div>Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)</div> <div>SYNTAX: C0504</div> <div>SEMANTIC: BGN04 is the transaction set time.</div> <div>IMPLEMENTATION NAME: Transaction Set Creation Time</div> <div>This element is used as a time stamp to uniquely identify the transmission.</div>																				
SITUATIONAL	BGN05	623	<div>Time Code</div> <div>O 1 ID 2/2</div> <div>Code identifying the time. In accordance with International Standards Organization standard 8601, time can be specified by a + or - and an indication in hours in relation to Universal Time Coordinate (UTC) time; since + is a restricted character, + and - are substituted by P and M in the codes that follow</div> <div>SYNTAX: C0504</div> <div>SEMANTIC: BGN05 is the transaction set time qualifier.</div> <div>SITUATIONAL RULE: Required when the sender and receiver are not in the same time zone. If not required by this implementation guide, do not send.</div> <div>IMPLEMENTATION NAME: Time Zone Code</div> <div>CODE SOURCE 94: International Organization for Standardization (Date and Time)</div> <table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>01</td><td>Equivalent to ISO P01</td></tr><tr><td>02</td><td>Equivalent to ISO P02</td></tr><tr><td>03</td><td>Equivalent to ISO P03</td></tr><tr><td>04</td><td>Equivalent to ISO P04</td></tr><tr><td>05</td><td>Equivalent to ISO P05</td></tr><tr><td>06</td><td>Equivalent to ISO P06</td></tr><tr><td>07</td><td>Equivalent to ISO P07</td></tr><tr><td>08</td><td>Equivalent to ISO P08</td></tr><tr><td>09</td><td>Equivalent to ISO P09</td></tr></tbody></table>	CODE	DEFINITION	01	Equivalent to ISO P01	02	Equivalent to ISO P02	03	Equivalent to ISO P03	04	Equivalent to ISO P04	05	Equivalent to ISO P05	06	Equivalent to ISO P06	07	Equivalent to ISO P07	08	Equivalent to ISO P08	09	Equivalent to ISO P09
CODE	DEFINITION																						
01	Equivalent to ISO P01																						
02	Equivalent to ISO P02																						
03	Equivalent to ISO P03																						
04	Equivalent to ISO P04																						
05	Equivalent to ISO P05																						
06	Equivalent to ISO P06																						
07	Equivalent to ISO P07																						
08	Equivalent to ISO P08																						
09	Equivalent to ISO P09																						

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10	Equivalent to ISO P10
11	Equivalent to ISO P11
12	Equivalent to ISO P12
13	Equivalent to ISO M12
14	Equivalent to ISO M11
15	Equivalent to ISO M10
16	Equivalent to ISO M09
17	Equivalent to ISO M08
18	Equivalent to ISO M07
19	Equivalent to ISO M06
20	Equivalent to ISO M05
21	Equivalent to ISO M04
22	Equivalent to ISO M03
23	Equivalent to ISO M02
24	Equivalent to ISO M01
AD	Alaska Daylight Time
AS	Alaska Standard Time
AT	Alaska Time
CD	Central Daylight Time
CS	Central Standard Time
CT	Central Time
ED	Eastern Daylight Time
ES	Eastern Standard Time
ET	Eastern Time
GM	Greenwich Mean Time
HD	Hawaii-Aleutian Daylight Time
HS	Hawaii-Aleutian Standard Time
HT	Hawaii-Aleutian Time
LT	Local Time
MD	Mountain Daylight Time
MS	Mountain Standard Time
MT	Mountain Time
ND	Newfoundland Daylight Time
NS	Newfoundland Standard Time
NT	Newfoundland Time
PD	Pacific Daylight Time
PS	Pacific Standard Time
PT	Pacific Time
TD	Atlantic Daylight Time
TS	Atlantic Standard Time
TT	Atlantic Time
UT	Universal Time Coordinate



SITUATIONAL	BGN06	127	<div>Reference Identification</div> <div>Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier</div> <div>SEMANTIC: BGN06 is the transaction set reference number of a previously sent transaction affected by the current transaction.</div> <div>SITUATIONAL RULE: <i>Required when there is a previously sent transaction to cross-reference. If not required by this implementation guide, do not send.</i></div> <div>IMPLEMENTATION NAME: Original Transaction Set Reference Number</div>	O 1	AN	1/50								
NOT USED	BGN07	640	<div>Transaction Type Code</div> <div>Code indicating type of action</div>	O 1	ID	2/2								
REQUIRED	BGN08	306	<div>Action Code</div> <div>Code indicating type of action</div> <table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>2</td><td><div>Change (Update)</div><div>Used to identify a transaction of additions, terminations and changes to the current enrollment.</div></td></tr><tr><td>4</td><td><div>Verify</div><div>Used to identify a full enrollment transaction to verify that the sponsor's and payer's systems are synchronized.</div></td></tr><tr><td>RX</td><td><div>Replace</div><div>Used to identify a full enrollment transmission to be used to identify additions, terminations and changes that need to be applied to the payer's enrollment system.</div></td></tr></tbody></table>	CODE	DEFINITION	2	<div>Change (Update)</div> <div>Used to identify a transaction of additions, terminations and changes to the current enrollment.</div>	4	<div>Verify</div> <div>Used to identify a full enrollment transaction to verify that the sponsor's and payer's systems are synchronized.</div>	RX	<div>Replace</div> <div>Used to identify a full enrollment transmission to be used to identify additions, terminations and changes that need to be applied to the payer's enrollment system.</div>	O 1	ID	1/2
CODE	DEFINITION													
2	<div>Change (Update)</div> <div>Used to identify a transaction of additions, terminations and changes to the current enrollment.</div>													
4	<div>Verify</div> <div>Used to identify a full enrollment transaction to verify that the sponsor's and payer's systems are synchronized.</div>													
RX	<div>Replace</div> <div>Used to identify a full enrollment transmission to be used to identify additions, terminations and changes that need to be applied to the payer's enrollment system.</div>													
NOT USED	BGN09	786	<div>Security Level Code</div>	O 1	ID	2/2								

## SEGMENT DETAIL

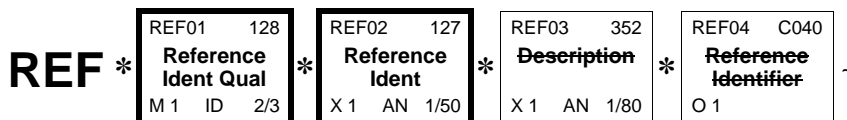
## REF - TRANSACTION SET POLICY NUMBER

**X12 Segment Name:** Reference Information**X12 Purpose:** To specify identifying information**X12 Syntax:** 1. R0203

At least one of REF02 or REF03 is required.

**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when the insurance contract or trading partner agreement identifies a Master Policy Number for use with electronic enrollment. If not required may be provided at the sender's discretion if a unique ID Number for a group applies to the entire transaction set.**TR3 Notes:** 1. The definition of the Master Policy Number is determined by the issuer of the policy, the Payer/Plan Administrator. The Master Policy Number may be used to meet various business needs such as indicating the line of business under which the policy is defined.**TR3 Example:** REF\*38\*123456~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M 1 ID 2/3
			<b>CODE</b>	<b>DEFINITION</b>
			38	Master Policy Number
REQUIRED	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X 1 AN 1/50
			SYNTAX: R0203	
			IMPLEMENTATION NAME: Master Policy Number	
NOT USED	REF03	352	<b>Description</b>	X 1 AN 1/80
NOT USED	REF04	C040	<b>REFERENCE IDENTIFIER</b>	O 1

SEGMENT DETAIL

## DTP - FILE EFFECTIVE DATE

**X12 Segment Name:** Date or Time or Period

**X12 Purpose:** To specify any or all of a date, a time, or a time period

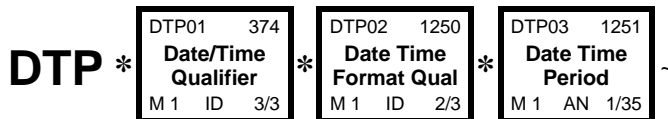
**Segment Repeat:** >1

**Usage:** SITUATIONAL

**Situational Rule:** Required when specified in the contract. If not required by this implementation guide, do not send.

**TR3 Example:** DTP\*007\*D8\*19961001~

DIAGRAM



ELEMENT DETAIL

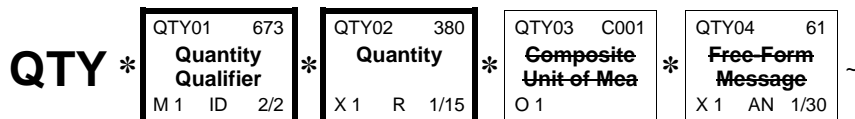
USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time	M 1	ID	3/3
IMPLEMENTATION NAME: <b>Date Time Qualifier</b>						
			CODE	DEFINITION		
			007	Effective		
			090	Report Start		
			091	Report End		
			303	Maintenance Effective		
			382	Enrollment		
			388	Payment Commencement		
REQUIRED	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format	M 1	ID	2/3
SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.						
			CODE	DEFINITION		
			D8	Date Expressed in Format CCYYMMDD		
REQUIRED	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times	M 1	AN	1/35

## SEGMENT DETAIL

## QTY - TRANSACTION SET CONTROL TOTALS

**X12 Segment Name:** Quantity Information**X12 Purpose:** To specify quantity information**X12 Set Notes:** 1. The QTY segment is used to record the total number of subscribers and dependents in the transaction set.**X12 Syntax:** 1. **R0204**  
At least one of QTY02 or QTY04 is required.2. **E0204**  
Only one of QTY02 or QTY04 may be present.**Segment Repeat:** 3**Usage:** SITUATIONAL**Situational Rule:** Required when the contract or trading partner agreement specifies that this information be included in the transaction set. If not required by this implementation guide, do not send.**TR3 Example:** QTY\*TO\*10000~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	QTY01	673	<b>Quantity Qualifier</b> Code specifying the type of quantity	M 1 ID 2/2
			CODE	DEFINITION
			DT	Dependent Total
			ET	Employee Total
			TO	Total
REQUIRED	QTY02	380	<b>Quantity</b> Numeric value of quantity SYNTAX: R0204, E0204 IMPLEMENTATION NAME: Record Totals	X 1 R 1/15
NOT USED	QTY03	C001	<b>COMPOSITE UNIT OF MEASURE</b>	O 1
NOT USED	QTY04	61	<b>Free-form Information</b>	X 1 AN 1/30

SEGMENT DETAIL

## N1 - SPONSOR NAME

**X12 Segment Name:** Party Identification

**X12 Purpose:** To identify a party by type of organization, name, and code

**X12 Set Notes:** 1. At least one iteration of loop 1000 is required to identify the sender or receiver.

**X12 Syntax:** 1. **R0203**  
At least one of N102 or N103 is required.

2. **P0304**  
If either N103 or N104 is present, then the other is required.

**Loop:** 1000A — SPONSOR NAME **Loop Repeat:** 1

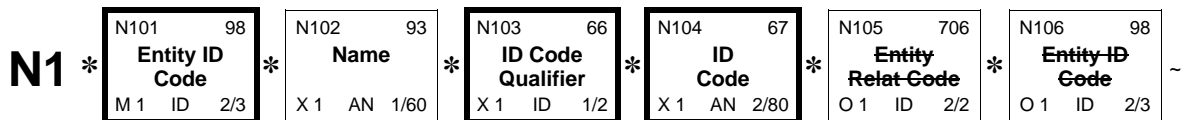
**Segment Repeat:** 1

**Usage:** REQUIRED

**TR3 Notes:** 1. This loop identifies the sponsor. See section 1.5 for the definition of Sponsor.

**TR3 Example:** N1\*P5\*\*FI\*12356799~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual	M 1 ID 2/3
			<b>CODE</b>	<b>DEFINITION</b>
			P5	Plan Sponsor
SITUATIONAL	N102	93	<b>Name</b> Free-form name SYNTAX: R0203	X 1 AN 1/60
			SITUATIONAL RULE: <i>Required when the receiver needs the sponsor name. If not required by this implementation guide, do not send.</i>	
			IMPLEMENTATION NAME: Plan Sponsor Name	

REQUIRED	N103	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67)  SYNTAX: R0203, P0304		X 1	ID	1/2								
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>24</td><td><b>Employer's Identification Number</b>  The identifier is the Employer Identification Number (EIN) issued by the IRS. The EIN has been adopted as the HIPAA Standard Unique Employer Identifier.</td></tr><tr><td>94</td><td><b>Code assigned by the organization that is the ultimate destination of the transaction set</b></td></tr><tr><td>FI</td><td><b>Federal Taxpayer's Identification Number</b></td></tr></table>	CODE	DEFINITION	24	<b>Employer's Identification Number</b>  The identifier is the Employer Identification Number (EIN) issued by the IRS. The EIN has been adopted as the HIPAA Standard Unique Employer Identifier.	94	<b>Code assigned by the organization that is the ultimate destination of the transaction set</b>	FI	<b>Federal Taxpayer's Identification Number</b>				
CODE	DEFINITION														
24	<b>Employer's Identification Number</b>  The identifier is the Employer Identification Number (EIN) issued by the IRS. The EIN has been adopted as the HIPAA Standard Unique Employer Identifier.														
94	<b>Code assigned by the organization that is the ultimate destination of the transaction set</b>														
FI	<b>Federal Taxpayer's Identification Number</b>														
REQUIRED	N104	67	<b>Identification Code</b> Code identifying a party or other code  SYNTAX: P0304  COMMENT: This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party.  IMPLEMENTATION NAME: <b>Sponsor Identifier</b>	X 1	AN	2/80									
NOT USED	N105	706	<b>Entity Relationship Code</b>	O 1	ID	2/2									
NOT USED	N106	98	<b>Entity Identifier Code</b>	O 1	ID	2/3									

SEGMENT DETAIL

## N1 - PAYER

**X12 Segment Name:** Party Identification

**X12 Purpose:** To identify a party by type of organization, name, and code

**X12 Set Notes:** 1. At least one iteration of loop 1000 is required to identify the sender or receiver.

**X12 Syntax:** 1. **R0203**  
At least one of N102 or N103 is required.

2. **P0304**  
If either N103 or N104 is present, then the other is required.

**Loop:** 1000B — PAYER **Loop Repeat:** 1

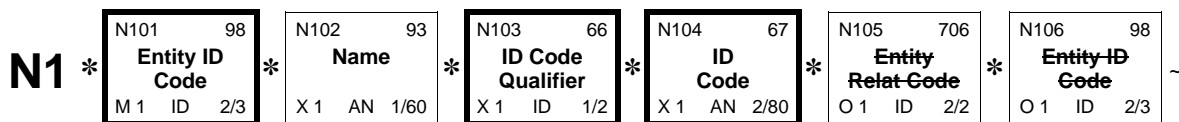
**Segment Repeat:** 1

**Usage:** REQUIRED

**TR3 Notes:** 1. This loop identifies the payer. See section 1.5 for the definition of payer.

**TR3 Example:** N1\*IN\*\*FI\*12356799~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual	M 1 ID 2/3
			<b>CODE</b>	<b>DEFINITION</b>
			IN	Insurer
SITUATIONAL	N102	93	<b>Name</b> Free-form name SYNTAX: R0203	X 1 AN 1/60
			SITUATIONAL RULE: <i>Required when the receiver needs the payer name. If not required by this implementation guide, do not send.</i>	
			IMPLEMENTATION NAME: Insurer Name	

REQUIRED	N103	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67)  SYNTAX: R0203, P0304	X 1	ID	1/2								
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>94</td><td>Code assigned by the organization that is the ultimate destination of the transaction set</td></tr><tr><td>FI</td><td>Federal Taxpayer's Identification Number</td></tr><tr><td>XV</td><td>Centers for Medicare and Medicaid Services PlanID  CODE SOURCE 540: Centers for Medicare and Medicaid Services PlanID</td></tr></table>							CODE	DEFINITION	94	Code assigned by the organization that is the ultimate destination of the transaction set	FI	Federal Taxpayer's Identification Number	XV	Centers for Medicare and Medicaid Services PlanID  CODE SOURCE 540: Centers for Medicare and Medicaid Services PlanID
CODE	DEFINITION													
94	Code assigned by the organization that is the ultimate destination of the transaction set													
FI	Federal Taxpayer's Identification Number													
XV	Centers for Medicare and Medicaid Services PlanID  CODE SOURCE 540: Centers for Medicare and Medicaid Services PlanID													
REQUIRED	N104	67	<b>Identification Code</b> Code identifying a party or other code  SYNTAX: P0304  COMMENT: This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party.	X 1	AN	2/80								
IMPLEMENTATION NAME: Insurer Identification Code														
NOT USED	N105	706	<b>Entity Relationship Code</b>	O 1	ID	2/2								
NOT USED	N106	98	<b>Entity Identifier Code</b>	O 1	ID	2/3								



SEGMENT DETAIL

## N1 - TPA/BROKER NAME

**X12 Segment Name:** Party Identification

**X12 Purpose:** To identify a party by type of organization, name, and code

**X12 Set Notes:** 1. At least one iteration of loop 1000 is required to identify the sender or receiver.

**X12 Syntax:** 1. **R0203**  
At least one of N102 or N103 is required.

2. **P0304**  
If either N103 or N104 is present, then the other is required.

**Loop:** 1000C — TPA/BROKER NAME **Loop Repeat:** 2

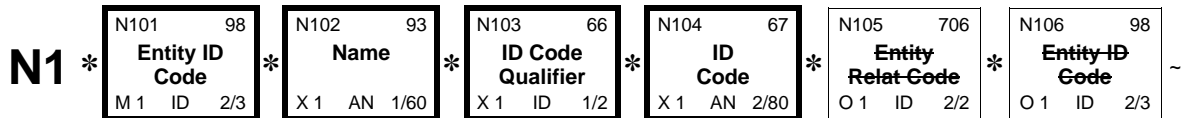
**Segment Repeat:** 1

**Usage:** SITUATIONAL

**Situational Rule:** Required when a TPA or a Broker is involved in this enrollment. See section 1.5 for definitions. If not required by this implementation guide, do not send.

**TR3 Example:** N1\*TV\*MONEY TALKS BROKERAGE\*FI\*123356799~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual	M 1 ID 2/3
			<b>CODE</b>	<b>DEFINITION</b>
			BO	Broker or Sales Office
			TV	Third Party Administrator (TPA)
REQUIRED	N102	93	<b>Name</b> Free-form name	X 1 AN 1/60
			SYNTAX: R0203	
			IMPLEMENTATION NAME: TPA or Broker Name	

REQUIRED	N103	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67)  SYNTAX: R0203, P0304	X 1	ID	1/2								
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>94</td><td>Code assigned by the organization that is the ultimate destination of the transaction set</td></tr><tr><td>FI</td><td>Federal Taxpayer's Identification Number</td></tr><tr><td>XV</td><td>Centers for Medicare and Medicaid Services PlanID  CODE SOURCE 540: Centers for Medicare and Medicaid Services PlanID</td></tr></table>							CODE	DEFINITION	94	Code assigned by the organization that is the ultimate destination of the transaction set	FI	Federal Taxpayer's Identification Number	XV	Centers for Medicare and Medicaid Services PlanID  CODE SOURCE 540: Centers for Medicare and Medicaid Services PlanID
CODE	DEFINITION													
94	Code assigned by the organization that is the ultimate destination of the transaction set													
FI	Federal Taxpayer's Identification Number													
XV	Centers for Medicare and Medicaid Services PlanID  CODE SOURCE 540: Centers for Medicare and Medicaid Services PlanID													
REQUIRED	N104	67	<b>Identification Code</b> Code identifying a party or other code  SYNTAX: P0304  COMMENT: This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party.  IMPLEMENTATION NAME: TPA or Broker Identification Code	X 1	AN	2/80								
NOT USED	N105	706	<b>Entity Relationship Code</b>	O 1	ID	2/2								
NOT USED	N106	98	<b>Entity Identifier Code</b>	O 1	ID	2/3								

SEGMENT DETAIL

## ACT - TPA/BROKER ACCOUNT INFORMATION

**X12 Segment Name:** Account Identification

**X12 Purpose:** To specify account information

**X12 Syntax:** 1. **P0304**

If either ACT03 or ACT04 is present, then the other is required.

2. **C0506**

If ACT05 is present, then ACT06 is required.

3. **C0705**

If ACT07 is present, then ACT05 is required.

**Loop:** 1100C — TPA/BROKER ACCOUNT INFORMATION **Loop Repeat:** 1

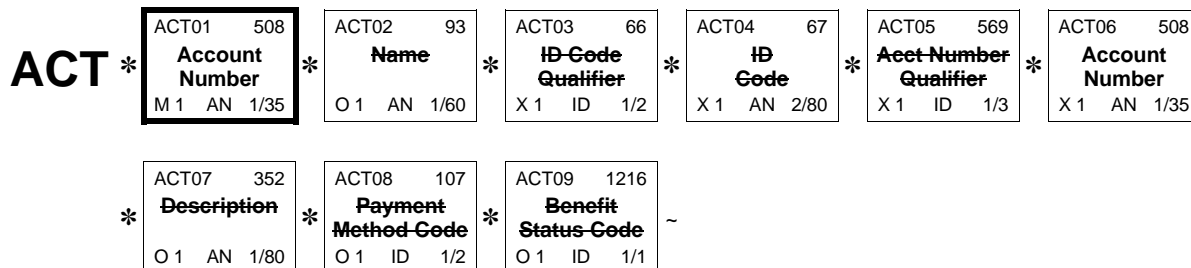
**Segment Repeat:** 1

**Usage:** SITUATIONAL

**Situational Rule:** Required when the account number of the TPA or Broker is different than the account number for the sponsor. If not required by this implementation guide, do not send.

**TR3 Example:** ACT\*1234\*\*\*\*\*23498765~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	ACT01	508	Account Number Account number assigned	M 1 AN 1/35
IMPLEMENTATION NAME: TPA or Broker Account Number				
NOT USED	ACT02	93	Name	O 1 AN 1/60
NOT USED	ACT03	66	Identification Code Qualifier	X 1 ID 1/2
NOT USED	ACT04	67	Identification Code	X 1 AN 2/80
NOT USED	ACT05	569	Account Number Qualifier	X 1 ID 1/3

<b>SITUATIONAL</b>	<b>ACT06</b>	<b>508</b>	<b>Account Number</b> Account number assigned  SYNTAX: C0506  COMMENT: ACT06 is an account associated with the account in ACT01.  <b>SITUATIONAL RULE: <i>Required when more than 1 TPA or Broker Account Number applies to this transaction. If not required by this implementation guide, do not send.</i></b>  <b>IMPLEMENTATION NAME: TPA or Broker Account Number</b>	<b>X 1</b>	<b>AN</b>	<b>1/35</b>
<b>NOT USED</b>	<b>ACT07</b>	<b>352</b>	<b>Description</b>	<b>O 1</b>	<b>AN</b>	<b>1/80</b>
<b>NOT USED</b>	<b>ACT08</b>	<b>107</b>	<b>Payment Method Type Code</b>	<b>O 1</b>	<b>ID</b>	<b>1/2</b>
<b>NOT USED</b>	<b>ACT09</b>	<b>1216</b>	<b>Benefit Status Code</b>	<b>O 1</b>	<b>ID</b>	<b>1/1</b>

SEGMENT DETAIL

## INS - MEMBER LEVEL DETAIL

**X12 Segment Name:** Insured Benefit

**X12 Purpose:** To provide benefit information on insured entities

**X12 Set Notes:** 1. A Subscriber is a person who elects the benefits and is affiliated with the employer or the insurer. A Dependent is a person who is affiliated with the subscriber, such as a spouse, child, etc., and is therefore entitled to benefits. Subscriber information must come before dependent information. The INS segment is used to note if information being submitted is subscriber information or dependent information.

**X12 Syntax:** 1. P1112

If either INS11 or INS12 is present, then the other is required.

**Loop:** 2000 — MEMBER LEVEL DETAIL **Loop Repeat:** >1

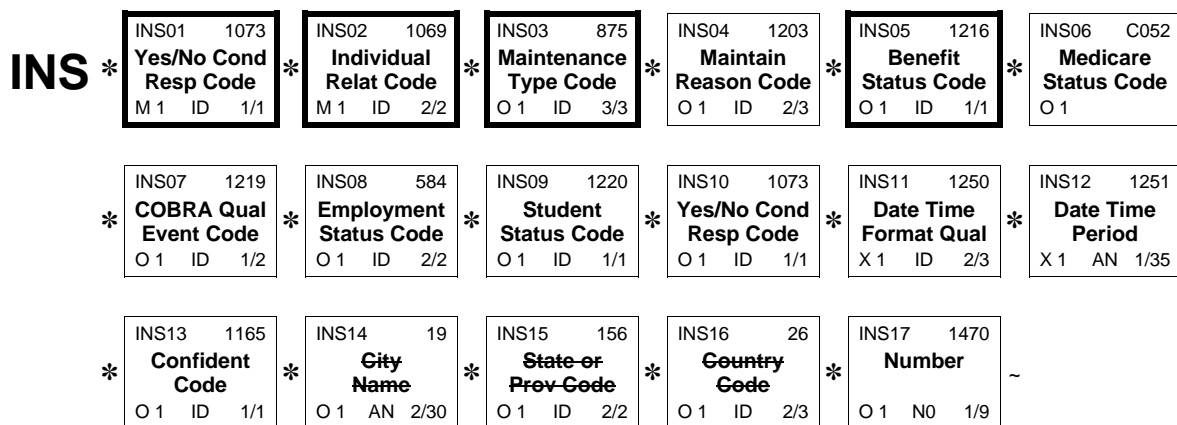
**Segment Repeat:** 1

**Usage:** REQUIRED

**TR3 Notes:** 1. Subscriber information must precede dependent information in a transmission, or the subscriber information must have been submitted to the receiver in a previous transmission.

**TR3 Example:** INS\*Y\*18\*021\*28\*A\*\*\*FT~

DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES																																																				
REQUIRED	INS01	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response  SEMANTIC: INS01 indicates status of the insured. A "Y" value indicates the insured is a subscriber; an "N" value indicates the insured is a dependent.  IMPLEMENTATION NAME: <b>Member Indicator</b>  ALIAS: <b>Subscriber Indicator</b>	M 1	ID	1/1																																																		
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>N</td><td>No</td></tr><tr><td>Y</td><td>Yes</td></tr></table>	CODE	DEFINITION	N	No	Y	Yes																																															
CODE	DEFINITION																																																							
N	No																																																							
Y	Yes																																																							
REQUIRED	INS02	1069	<b>Individual Relationship Code</b> Code indicating the relationship between two individuals or entities  The value 18 must be used for the subscriber.  For dependents, this value identifies their relationship to the subscriber. For example, a daughter would be value 19.	M 1	ID	2/2																																																		
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>01</td><td>Spouse</td></tr><tr><td>03</td><td>Father or Mother</td></tr><tr><td>04</td><td>Grandfather or Grandmother</td></tr><tr><td>05</td><td>Grandson or Granddaughter</td></tr><tr><td>06</td><td>Uncle or Aunt</td></tr><tr><td>07</td><td>Nephew or Niece</td></tr><tr><td>08</td><td>Cousin</td></tr><tr><td>09</td><td>Adopted Child</td></tr><tr><td>10</td><td>Foster Child</td></tr><tr><td>11</td><td>Son-in-law or Daughter-in-law</td></tr><tr><td>12</td><td>Brother-in-law or Sister-in-law</td></tr><tr><td>13</td><td>Mother-in-law or Father-in-law</td></tr><tr><td>14</td><td>Brother or Sister</td></tr><tr><td>15</td><td>Ward</td></tr><tr><td>16</td><td>Stepparent</td></tr><tr><td>17</td><td>Stepson or Stepdaughter</td></tr><tr><td>18</td><td>Self</td></tr><tr><td>19</td><td>Child</td></tr><tr><td>23</td><td>Sponsored Dependent</td></tr><tr><td colspan="2">Dependents between the ages of 19 and 25 not attending school; age qualifications may vary depending on policy.</td></tr><tr><td>24</td><td>Dependent of a Minor Dependent</td></tr><tr><td>25</td><td>Ex-spouse</td></tr><tr><td>26</td><td>Guardian</td></tr><tr><td>31</td><td>Court Appointed Guardian</td></tr></table>	CODE	DEFINITION	01	Spouse	03	Father or Mother	04	Grandfather or Grandmother	05	Grandson or Granddaughter	06	Uncle or Aunt	07	Nephew or Niece	08	Cousin	09	Adopted Child	10	Foster Child	11	Son-in-law or Daughter-in-law	12	Brother-in-law or Sister-in-law	13	Mother-in-law or Father-in-law	14	Brother or Sister	15	Ward	16	Stepparent	17	Stepson or Stepdaughter	18	Self	19	Child	23	Sponsored Dependent	Dependents between the ages of 19 and 25 not attending school; age qualifications may vary depending on policy.		24	Dependent of a Minor Dependent	25	Ex-spouse	26	Guardian	31	Court Appointed Guardian			
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REQUIRED	INS03	875	38	Collateral Dependent	O 1	ID	3/3																				
			Relative related by blood or marriage who resides in the home and is dependent on the insured for a major portion of their support.																								
			53	Life Partner																							
			This is a partner that acts like a spouse without a legal marriage committment.																								
			60	Annuitant																							
			D2	Trustee																							
			G8	Other Relationship																							
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SITUATIONAL	INS04	1203	<b>Maintenance Reason Code</b>		O 1	ID	2/3																				
			Code identifying the reason for the maintenance change																								
			SITUATIONAL RULE: <i>Required when the payer needs to know the reason for the change. If not required by this implementation guide, do not send.</i>																								
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10	Consolidation Omnibus Budget Reconciliation Act (COBRA) Premium Paid
11	Surviving Spouse
14	Voluntary Withdrawal
15	Primary Care Provider (PCP) Change
16	Quit
17	Fired
18	Suspended
20	Active
21	Disability
22	Plan Change
	Use this code when a member changes from one Plan to a different Plan. This is not intended to identify changes to a Plan.
25	Change in Identifying Data Elements
	Use this code when a change has been made to the primary elements that identify a member. Such primary elements include the following: first name, last name, Social Security Number, date of birth, and employee identification number.
26	Declined Coverage
	Use this code when a member declined a previously active coverage.
27	Pre-Enrollment
	Use this code to enroll newborns prior to receiving the newborn's application.
28	Initial Enrollment
	Use this code the first time the member selected coverage with the Plan Sponsor.
29	Benefit Selection
	Use this code when a member changes benefits within a Plan.
31	Legal Separation
32	Marriage
33	Personnel Data
	Use this code for any data change that is not included in any of the other allowed codes. An example would be change in Coordination of Benefits information.
37	Leave of Absence with Benefits
38	Leave of Absence without Benefits
39	Lay Off with Benefits
40	Lay Off without Benefits
41	Re-enrollment
43	Change of Location
	Use this code to indicate a change of address.
59	Non Payment



			AA	Dissatisfaction with Office Staff			
			AB	Dissatisfaction with Medical Care/Services Rendered			
			AC	Inconvenient Office Location			
			AD	Dissatisfaction with Office Hours			
			AE	Unable to Schedule Appointments in a Timely Manner			
			AF	Dissatisfaction with Physician's Referral Policy			
			AG	Less Respect and Attention Time Given than to Other Patients			
			AH	Patient Moved to a New Location			
			AI	No Reason Given			
			AJ	Appointment Times not Met in a Timely Manner			
			AL	Algorithm Assigned Benefit Selection			
			EC	Member Benefit Selection			
				Use this code for initial and subsequent enrollment when an insurance carrier needs to recognize that a member made an explicit plan choice.			
			XN	Notification Only			
				Use this code in complete enrollment transmissions. This is used when INS03 is equal to 030 (Audit/Compare).			
			XT	Transfer			
				Use this code when a member has an organizational change (i.e. a location change within the organization) with no change in benefits or plan.			
REQUIRED	INS05	1216	<b>Benefit Status Code</b>		O 1	ID	1/1
			The type of coverage under which benefits are paid				
			CODE	DEFINITION			
			A	Active			
			C	Consolidated Omnibus Budget Reconciliation Act (COBRA)			
			S	Surviving Insured			
			T	Tax Equity and Fiscal Responsibility Act (TEFRA)			
SITUATIONAL	INS06	C052	<b>MEDICARE STATUS CODE</b>		O 1		
			To provide Medicare coverage and associated reason for Medicare eligibility				
			SITUATIONAL RULE: <i>Required if a member is being enrolled or disenrolled in Medicare, is currently in Medicare or has terminated or changed their Medicare enrollment. If not required by this implementation guide, do not send.</i>				
REQUIRED	INS06 - 1	1218	<b>Medicare Plan Code</b>		M	ID	1/1
			Code identifying the Medicare Plan				
			CODE	DEFINITION			
			A	Medicare Part A			
			B	Medicare Part B			
			C	Medicare Part A and B			
			D	Medicare			
			E	No Medicare			

SITUATIONAL INS06 - 2

1701 Eligibility Reason Code O ID 1/1  
Code specifying reason for eligibility

SITUATIONAL RULE: *Required if the reason for Medicare is provided to the sponsor by the member. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Medicare Eligibility Reason Code

CODE	DEFINITION
0	Age
1	Disability
2	End Stage Renal Disease (ESRD)

NOT USED INS06 - 3

1701 Eligibility Reason Code O ID 1/1

NOT USED INS06 - 4

1701 Eligibility Reason Code O ID 1/1

SITUATIONAL INS07 1219

Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying O 1 ID 1/2

A Qualifying Event is any of the following which results in loss of coverage for a Qualified Beneficiary

SITUATIONAL RULE: *Required when a member is being enrolled in or is enrolled for a benefit covered by COBRA. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event Code

CODE	DEFINITION
1	Termination of Employment
2	Reduction of work hours
3	Medicare
4	Death
5	Divorce
6	Separation
7	Ineligible Child
8	Bankruptcy of Retiree's Former Employer (26 U.S.C. 4980B(f)(3)(F))
9	Layoff
10	Leave of Absence
ZZ	Mutually Defined

SITUATIONAL INS08 584

Employment Status Code O 1 ID 2/2  
Code showing the general employment status of an employee/claimant

SITUATIONAL RULE: *Required for subscriber. If not required by this implementation guide, do not send.*

If this insurance enrollment is through a non-employment based program such as Medicare or Medicaid then this data element will contain the status of the subscriber in that program, rather than their employment status. Codes for non-employment based programs will be limited to "AC", Active and "TE", Terminated.

CODE	DEFINITION
AC	Active

			AO	Active Military - Overseas				
			AU	Active Military - USA				
			FT	Full-time				
				Full time active employee				
			L1	Leave of Absence				
			PT	Part-time				
				Part time Active Employee				
			RT	Retired				
			TE	Terminated				
SITUATIONAL	INS09	1220	<b>Student Status Code</b>			O 1	ID	1/1
			Code indicating the student status of the patient if 19 years of age or older, not handicapped and not the insured					
			SITUATIONAL RULE: <i>Required when describing a non-spouse dependent whose age requires a qualifying condition for enrollment (e.g., being an active student). See the Plan contract for details of the age requirements for student status usage. If not required by this implementation guide, do not send.</i>					
			CODE	DEFINITION				
			F	Full-time				
			N	Not a Student				
			P	Part-time				
SITUATIONAL	INS10	1073	<b>Yes/No Condition or Response Code</b>			O 1	ID	1/1
			Code indicating a Yes or No condition or response					
			SEMANTIC: INS10 is the handicapped status indicator. A "Y" value indicates an individual is handicapped; an "N" value indicates an individual is not handicapped.					
			SITUATIONAL RULE: <i>Required when the member is handicapped or to correct a previous report of handicapped status. If not required by this implementation guide, do not send.</i>					
			IMPLEMENTATION NAME: Handicap Indicator					
			CODE	DEFINITION				
			N	No				
			Y	Yes				
SITUATIONAL	INS11	1250	<b>Date Time Period Format Qualifier</b>			X 1	ID	2/3
			Code indicating the date format, time format, or date and time format					
			SYNTAX: P1112					
			SITUATIONAL RULE: <i>Required when the Insured Individual Death Date is sent in INS12. If not required by this implementation guide, do not send.</i>					
			CODE	DEFINITION				
			D8	Date Expressed in Format CCYYMMDD				

<b>SITUATIONAL</b>	<b>INS12</b>	<b>1251</b>	<b>Date Time Period</b>	<b>X 1</b>	<b>AN</b>	<b>1/35</b>
Expression of a date, a time, or range of dates, times or dates and times						

SYNTAX: P1112

SEMANTIC: INS12 is the date of death.

**SITUATIONAL RULE:** *Required if the subscriber/dependent is deceased. If not required by this implementation guide, do not send. This is the date of death for the subscriber/dependent and does not replace the use of the termination date within the 2300 loop.*

**IMPLEMENTATION NAME:** Member Individual Death Date

<b>SITUATIONAL</b>	<b>INS13</b>	<b>1165</b>	<b>Confidentiality Code</b>	<b>O 1</b>	<b>ID</b>	<b>1/1</b>
Code indicating the access to insured information						

**SITUATIONAL RULE:** *Required when the member has specified the access to their information. If not required by this implementation guide, do not send.*

CODE	DEFINITION
<b>R</b>	<b>Restricted Access</b>
<b>U</b>	<b>Unrestricted Access</b>

<b>NOT USED</b>	<b>INS14</b>	<b>19</b>	<b>City Name</b>	<b>O 1</b>	<b>AN</b>	<b>2/30</b>
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<b>NOT USED</b>	<b>INS15</b>	<b>156</b>	<b>State or Province Code</b>	<b>O 1</b>	<b>ID</b>	<b>2/2</b>
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<b>NOT USED</b>	<b>INS16</b>	<b>26</b>	<b>Country Code</b>	<b>O 1</b>	<b>ID</b>	<b>2/3</b>
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<b>SITUATIONAL</b>	<b>INS17</b>	<b>1470</b>	<b>Number</b>	<b>O 1</b>	<b>N0</b>	<b>1/9</b>
A generic number						

**SEMANTIC:** INS17 is the number assigned to each family member born with the same birth date. This number identifies birth sequence for multiple births allowing proper tracking and response of benefits for each dependent (i.e., twins, triplets, etc.).

**SITUATIONAL RULE:** *Required when reporting family members with the same birth date if a birth sequence number is needed for proper reporting, tracking or response to benefits. If not required by this implementation guide, do not send.*

**IMPLEMENTATION NAME:** Birth Sequence Number

SEGMENT DETAIL

## REF - SUBSCRIBER IDENTIFIER

**X12 Segment Name:** Reference Information

**X12 Purpose:** To specify identifying information

**X12 Set Notes:** 1. The REF segment is required to link the dependent(s) to the subscriber.

**X12 Syntax:** 1. **R0203**  
At least one of REF02 or REF03 is required.

**Loop:** 2000 — MEMBER LEVEL DETAIL

**Segment Repeat:** 1

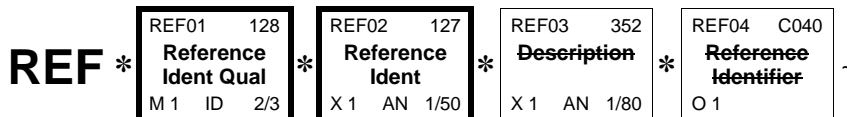
**Usage:** REQUIRED

**TR3 Notes:** 1. This segment must contain a unique SUBSCRIBER identification number (SSN or other). This occurrence is identified by the 0F qualifier (REF01). This identifier is used for linking the subscriber with dependents as required under many policies.

2. The developers recommend using the identifier developed under the HIPAA legislation, when that becomes available.

**TR3 Example:** REF\*0F\*920399398~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M 1 ID 2/3
			CODE	DEFINITION
			0F	<b>Subscriber Number</b> The assignment of the Subscriber Number is designated within the Insurance Contract.
REQUIRED	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X 1 AN 1/50
			SYNTAX: R0203	
			IMPLEMENTATION NAME: <b>Subscriber Identifier</b>	
NOT USED	REF03	352	<b>Description</b>	X 1 AN 1/80
NOT USED	REF04	C040	<b>REFERENCE IDENTIFIER</b>	O 1

## SEGMENT DETAIL

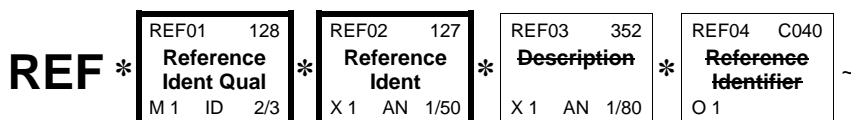
## REF - MEMBER POLICY NUMBER

**X12 Segment Name:** Reference Information**X12 Purpose:** To specify identifying information**X12 Set Notes:** 1. The REF segment is required to link the dependent(s) to the subscriber.**X12 Syntax:** 1. R0203

At least one of REF02 or REF03 is required.

**Loop:** 2000 — MEMBER LEVEL DETAIL**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when the policy or group number applies to all coverage data (all 2300 loops for this member). If not required by this implementation guide, do not send.**TR3 Notes:** 1. The policy number passed in this segment is an attribute of the contract relationship between the plan sponsor (sender) and the payer (receiver) and not an attribute of an individual's participation in any coverage passed in an HD loop.**TR3 Example:** REF\*1L\*9CC4123~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M 1 ID 2/3
			<b>CODE</b>	<b>DEFINITION</b>
			1L	<b>Group or Policy Number</b> The payer is responsible for making the assignment of the Group or Policy Number.
REQUIRED	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SYNTAX: R0203 IMPLEMENTATION NAME: Member Group or Policy Number	X 1 AN 1/50
NOT USED	REF03	352	<b>Description</b>	X 1 AN 1/80
NOT USED	REF04	C040	<b>REFERENCE IDENTIFIER</b>	O 1

## SEGMENT DETAIL

# REF - MEMBER SUPPLEMENTAL IDENTIFIER

**X12 Segment Name:** Reference Information

**X12 Purpose:** To specify identifying information

**X12 Set Notes:** 1. The REF segment is required to link the dependent(s) to the subscriber.

**X12 Syntax:** 1. **R0203**  
At least one of REF02 or REF03 is required.

**Loop:** 2000 — MEMBER LEVEL DETAIL

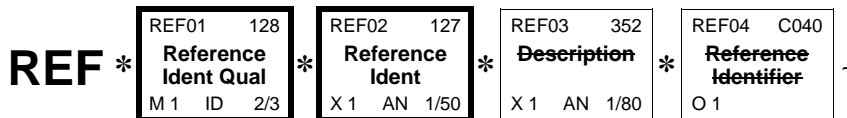
**Segment Repeat:** 13

**Usage:** SITUATIONAL

**Situational Rule:** Required when sending additional identifying information on the member.  
If not required by this implementation guide, do not send.

**TR3 Example:** REF\*17\*920399398~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1 ID 2/3
			CODE	DEFINITION
			17	Client Reporting Category Used when further identification of a member is required under the insurance contract between the sponsor and the payer and allowed by federal and state regulations.
			23	Client Number To be used to pass a payer specific identifier for a member. Not to be used after the HIPAA standard National Identifier for Individuals is implemented.
			3H	Case Number
			4A	Personal Identification Number (PIN) Use this code to transmit a password that is associated with the member's record.

			<b>60</b>	<b>Cross Reference Number</b>			
				Used when further identification of a member is required for reporting, indexing, or other purpose as mutually agreed upon between the sender and receiver of the transaction set.			
			<b>ABB</b>	<b>Personal ID Number</b>			
			<b>D3</b>	<b>National Council for Prescription Drug Programs Pharmacy Number</b>			
				CODE SOURCE 307: National Council for Prescription Drug Programs Pharmacy Number			
			<b>DX</b>	<b>Department/Agency Number</b>			
				Use when members in a coverage group are set up as different departments or divisions under the terms of the insurance policy.			
			<b>F6</b>	<b>Health Insurance Claim (HIC) Number</b>			
				Use when reporting Medicare eligibility for a member until the National Identifier is mandated for use.			
			<b>P5</b>	<b>Position Code</b>			
				Use this code to transmit the title of the member's employment position.			
			<b>Q4</b>	<b>Prior Identifier Number</b>			
				Use to pass the Identifier Number under which the member had previous coverage with the payer. This could be the result of a change in employment or coverage that resulted in a new ID number being assigned but left the member covered by the same payer.			
			<b>QQ</b>	<b>Unit Number</b>			
				Use when members in a coverage group are set up as different units under the terms of the insurance policy. Units may exist within another grouping such as division or department.			
			<b>ZZ</b>	<b>Mutually Defined</b>			
<b>REQUIRED</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b>		<b>X 1</b>	<b>AN</b>	<b>1/50</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
			SYNTAX: R0203				
			IMPLEMENTATION NAME: <b>Member Supplemental Identifier</b>				
<b>NOT USED</b>	<b>REF03</b>	<b>352</b>	<b>Description</b>		<b>X 1</b>	<b>AN</b>	<b>1/80</b>
<b>NOT USED</b>	<b>REF04</b>	<b>C040</b>	<b>REFERENCE IDENTIFIER</b>		<b>O 1</b>		



SEGMENT DETAIL

## DTP - MEMBER LEVEL DATES

**X12 Segment Name:** Date or Time or Period

**X12 Purpose:** To specify any or all of a date, a time, or a time period

**Loop:** 2000 — MEMBER LEVEL DETAIL

**Segment Repeat:** 24

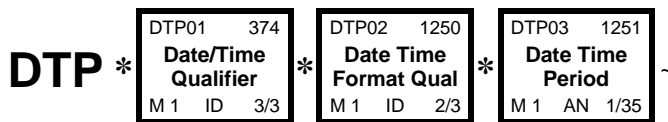
**Usage:** SITUATIONAL

**Situational Rule:** Required when enrolling a member or when the sponsor is informed of a change to any applicable date listed in DTP01. Only those dates that apply to the particular insurance contract need to be sent. If not required by this implementation guide, do not send.

**TR3 Notes:** 1. While many of the dates listed for DTP01 are related to termination, the only code that is used to actually terminate a Member is 357 (Eligibility End). Similarly, the Eligibility Begin Date (code 356) is the date the individual is eligible for coverage, not the date coverage is effective.

**TR3 Example:** DTP\*356\*D8\*19960705~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time	M 1	ID	3/3
IMPLEMENTATION NAME: Date Time Qualifier						
			CODE	DEFINITION		
			050	Received Used to identify the date an enrollment application is received.		
			286	Retirement		
			296	Initial Disability Period Return To Work		
			297	Initial Disability Period Last Day Worked		
			300	Enrollment Signature Date		
			301	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event		

			303	Maintenance Effective	
				This code is used to send the effective date of a change to an existing member's information, excluding changes made in Loop 2300.	
			336	Employment Begin	
			337	Employment End	
			338	Medicare Begin	
			339	Medicare End	
			340	Consolidated Omnibus Budget Reconciliation Act (COBRA) Begin	
			341	Consolidated Omnibus Budget Reconciliation Act (COBRA) End	
			350	Education Begin	
				This is the start date for the student at the current educational institution.	
			351	Education End	
				This is the expected graduation date the student at the current educational institution.	
			356	Eligibility Begin	
				The date when a member could elect to enroll or begin benefits in any health care plan through the employer. This is not the actual begin date of coverage, which is conveyed in the DTP segment at position 2700.	
			357	Eligibility End	
				The eligibility end date represents the last date of coverage for which claims will be paid for the individual being terminated. For example, if a date of 02/28/2001 is passed then claims for this individual will be paid through 11:59 p.m. on 02/28/2001.	
			383	Adjusted Hire	
			385	Credited Service Begin	
				The start date from which an employee's length of service, as defined in the plan document, will be calculated.	
			386	Credited Service End	
				The end date to be used in the calculation of an employee's length of service, as defined in the plan document.	
			393	Plan Participation Suspension	
			394	Rehire	
			473	Medicaid Begin	
			474	Medicaid End	
REQUIRED	DTP02	1250	Date Time Period Format Qualifier		
			M 1	ID	2/3
			Code indicating the date format, time format, or date and time format		
			SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.		
			CODE	DEFINITION	
			D8	Date Expressed in Format CCYYMMDD	

**REQUIRED**

**DTP03**

**1251**

**Date Time Period**

**M 1 AN 1/35**

Expression of a date, a time, or range of dates, times or dates and times

IMPLEMENTATION NAME: **Status Information Effective Date**

## SEGMENT DETAIL

## NM1 - MEMBER NAME

**X12 Segment Name:** Individual or Organizational Name**X12 Purpose:** To supply the full name of an individual or organizational entity**X12 Syntax:** 1. **P0809**

If either NM108 or NM109 is present, then the other is required.

2. **C1110**

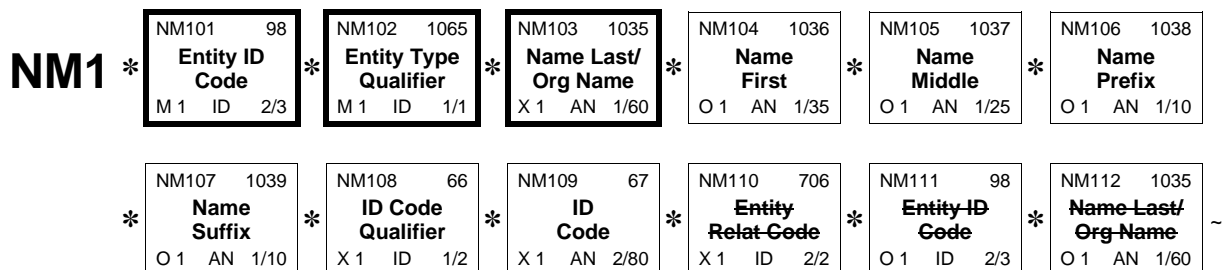
If NM111 is present, then NM110 is required.

3. **C1203**

If NM112 is present, then NM103 is required.

**Loop:** 2100A — MEMBER NAME **Loop Repeat:** 1**Segment Repeat:** 1**Usage:** REQUIRED**TR3 Example:** NM1\*IL\*1\*SMITH\*JOHN\*M\*\*SR~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	NM101	98	Entity Identifier Code	M 1	ID	2/3
Code identifying an organizational entity, a physical location, property or an individual						
This code identifies if this is a correction to a previous enrollment or if it is a new, or update, enrollment transaction.						
CODE		DEFINITION				
74		Corrected Insured				
Use this code if this transmission is correcting the identifier information on a member already enrolled. Usage of this code requires the sending of an NM1 with code '70' in loop 2100B.						

			IL	Insured or Subscriber		
			Use this code for enrolling a new member or updating a member with no change in identifying information. The identifying information for a member is specified under the insurance contract between the sponsor and payer.			
REQUIRED	NM102	1065	Entity Type Qualifier	M 1	ID	1/1
			Code qualifying the type of entity			
			SEMANTIC: NM102 qualifies NM103.			
			CODE	DEFINITION		
			1	Person		
REQUIRED	NM103	1035	Name Last or Organization Name	X 1	AN	1/60
			Individual last name or organizational name			
			SYNTAX: C1203			
			IMPLEMENTATION NAME: Member Last Name			
SITUATIONAL	NM104	1036	Name First	O 1	AN	1/35
			Individual first name			
			SITUATIONAL RULE: <i>Required when NM102 is equal to “1” (person) and the person has a first name. If not required by this implementation guide, do not send.</i>			
			IMPLEMENTATION NAME: Member First Name			
SITUATIONAL	NM105	1037	Name Middle	O 1	AN	1/25
			Individual middle name or initial			
			SITUATIONAL RULE: <i>Required if supplied by member. If not required by this implementation guide, do not send.</i>			
			IMPLEMENTATION NAME: Member Middle Name			
SITUATIONAL	NM106	1038	Name Prefix	O 1	AN	1/10
			Prefix to individual name			
			SITUATIONAL RULE: <i>Required if supplied by member. If not required by this implementation guide, do not send.</i>			
			IMPLEMENTATION NAME: Member Name Prefix			
SITUATIONAL	NM107	1039	Name Suffix	O 1	AN	1/10
			Suffix to individual name			
			SITUATIONAL RULE: <i>Required if supplied by member. If not required by this implementation guide, do not send.</i>			
			IMPLEMENTATION NAME: Member Name Suffix			

SITUATIONAL	NM108	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67)  SYNTAX: P0809  SITUATIONAL RULE: <i>Required when a value is being reported in the NM109 element. If not required by this implementation guide, do not send.</i>	X 1	ID	1/2						
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>34</td><td><b>Social Security Number</b> The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS/TRICARE.</td></tr><tr><td>ZZ</td><td><b>Mutually Defined</b> Value is required if National Individual Identifier is mandated for use. Otherwise, one of the other listed codes may be used.</td></tr></table>							CODE	DEFINITION	34	<b>Social Security Number</b> The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS/TRICARE.	ZZ	<b>Mutually Defined</b> Value is required if National Individual Identifier is mandated for use. Otherwise, one of the other listed codes may be used.
CODE	DEFINITION											
34	<b>Social Security Number</b> The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS/TRICARE.											
ZZ	<b>Mutually Defined</b> Value is required if National Individual Identifier is mandated for use. Otherwise, one of the other listed codes may be used.											
SITUATIONAL	NM109	67	<b>Identification Code</b> Code identifying a party or other code  SYNTAX: P0809  SITUATIONAL RULE: <i>Required when a Member Identifier is known and allowed under confidentiality regulations. If not required by this implementation guide, do not send.</i>  IMPLEMENTATION NAME: <b>Member Identifier</b>	X 1	AN	2/80						
NOT USED	NM110	706	<b>Entity Relationship Code</b>	X 1	ID	2/2						
NOT USED	NM111	98	<b>Entity Identifier Code</b>	O 1	ID	2/3						
NOT USED	NM112	1035	<b>Name Last or Organization Name</b>	O 1	AN	1/60						

SEGMENT DETAIL

## PER - MEMBER COMMUNICATIONS NUMBERS

**X12 Segment Name:** Administrative Communications Contact

**X12 Purpose:** To identify a person or office to whom administrative communications should be directed

**X12 Syntax:** 1. **P0304**

If either PER03 or PER04 is present, then the other is required.

2. **P0506**

If either PER05 or PER06 is present, then the other is required.

3. **P0708**

If either PER07 or PER08 is present, then the other is required.

**Loop:** 2100A — MEMBER NAME

**Segment Repeat:** 1

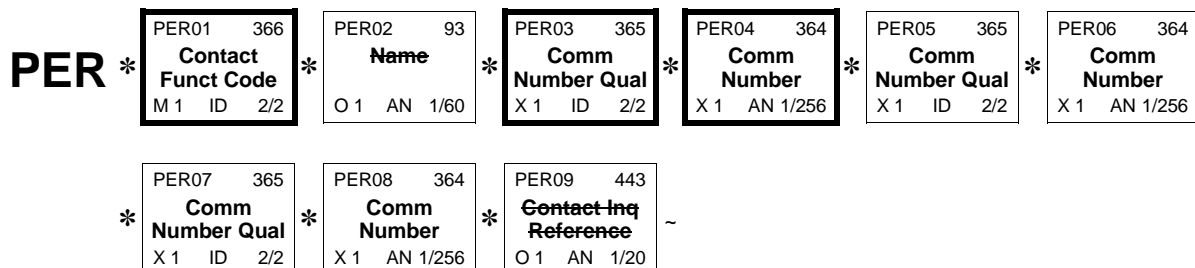
**Usage:** SITUATIONAL

**Situational Rule:** Required when enrolling subscribers, dependents with different contact information, or when changing a member's contact information and the information is provided to the sponsor for the member. If not required by this implementation guide, do not send.

**TR3 Notes:** 1. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number always includes the area code and phone number using the format AAABBBCCCC, where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525).

**TR3 Example:** PER\*IP\*\*HP\*8015554321~

DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES																						
REQUIRED	PER01	366	<b>Contact Function Code</b> Code identifying the major duty or responsibility of the person or group named	M 1	ID	2/2																				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>IP</td><td>Insured Party</td></tr></table>	CODE	DEFINITION	IP	Insured Party																			
CODE	DEFINITION																									
IP	Insured Party																									
NOT USED	PER02	93	<b>Name</b>	O 1	AN	1/60																				
REQUIRED	PER03	365	<b>Communication Number Qualifier</b> Code identifying the type of communication number  SYNTAX: P0304	X 1	ID	2/2																				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>AP</td><td>Alternate Telephone</td></tr><tr><td>BN</td><td>Beeper Number</td></tr><tr><td>CP</td><td>Cellular Phone</td></tr><tr><td>EM</td><td>Electronic Mail</td></tr><tr><td>EX</td><td>Telephone Extension</td></tr><tr><td>FX</td><td>Facsimile</td></tr><tr><td>HP</td><td>Home Phone Number</td></tr><tr><td>TE</td><td>Telephone</td></tr><tr><td>WP</td><td>Work Phone Number</td></tr></table>	CODE	DEFINITION	AP	Alternate Telephone	BN	Beeper Number	CP	Cellular Phone	EM	Electronic Mail	EX	Telephone Extension	FX	Facsimile	HP	Home Phone Number	TE	Telephone	WP	Work Phone Number			
CODE	DEFINITION																									
AP	Alternate Telephone																									
BN	Beeper Number																									
CP	Cellular Phone																									
EM	Electronic Mail																									
EX	Telephone Extension																									
FX	Facsimile																									
HP	Home Phone Number																									
TE	Telephone																									
WP	Work Phone Number																									
REQUIRED	PER04	364	<b>Communication Number</b> Complete communications number including country or area code when applicable  SYNTAX: P0304	X 1	AN	1/256																				
SITUATIONAL	PER05	365	<b>Communication Number Qualifier</b> Code identifying the type of communication number  SYNTAX: P0506  SITUATIONAL RULE: <i>Required when a value is being reported in the PER06 element. If not required by this implementation guide, do not send.</i>	X 1	ID	2/2																				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>AP</td><td>Alternate Telephone</td></tr><tr><td>BN</td><td>Beeper Number</td></tr><tr><td>CP</td><td>Cellular Phone</td></tr><tr><td>EM</td><td>Electronic Mail</td></tr><tr><td>EX</td><td>Telephone Extension</td></tr><tr><td>FX</td><td>Facsimile</td></tr><tr><td>HP</td><td>Home Phone Number</td></tr><tr><td>TE</td><td>Telephone</td></tr><tr><td>WP</td><td>Work Phone Number</td></tr></table>	CODE	DEFINITION	AP	Alternate Telephone	BN	Beeper Number	CP	Cellular Phone	EM	Electronic Mail	EX	Telephone Extension	FX	Facsimile	HP	Home Phone Number	TE	Telephone	WP	Work Phone Number			
CODE	DEFINITION																									
AP	Alternate Telephone																									
BN	Beeper Number																									
CP	Cellular Phone																									
EM	Electronic Mail																									
EX	Telephone Extension																									
FX	Facsimile																									
HP	Home Phone Number																									
TE	Telephone																									
WP	Work Phone Number																									



<b>SITUATIONAL</b>	<b>PER06</b>	<b>364</b>	<b>Communication Number</b>	<b>X 1 AN 1/256</b>
Complete communications number including country or area code when applicable				

SYNTAX: P0506

**SITUATIONAL RULE:** *Required when additional communication numbers are available. If not required by this implementation guide, do not send.*

<b>SITUATIONAL</b>	<b>PER07</b>	<b>365</b>	<b>Communication Number Qualifier</b>	<b>X 1 ID 2/2</b>
Code identifying the type of communication number				

SYNTAX: P0708

**SITUATIONAL RULE:** *Required when a value is being reported in the PER08 element. If not required by this implementation guide, do not send.*

CODE	DEFINITION
AP	Alternate Telephone
BN	Beeper Number
CP	Cellular Phone
EM	Electronic Mail
EX	Telephone Extension
FX	Facsimile
HP	Home Phone Number
TE	Telephone
WP	Work Phone Number

<b>SITUATIONAL</b>	<b>PER08</b>	<b>364</b>	<b>Communication Number</b>	<b>X 1 AN 1/256</b>
Complete communications number including country or area code when applicable				

SYNTAX: P0708

**SITUATIONAL RULE:** *Required when additional communication numbers are available. If not required by this implementation guide, do not send.*

<b>NOT USED</b>	<b>PER09</b>	<b>443</b>	<b>Contact Inquiry Reference</b>	<b>O 1 AN 1/20</b>
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SEGMENT DETAIL

## N3 - MEMBER RESIDENCE STREET ADDRESS

**X12 Segment Name:** Party Location

**X12 Purpose:** To specify the location of the named party

**Loop:** 2100A — MEMBER NAME

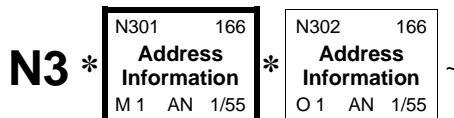
**Segment Repeat:** 1

**Usage:** SITUATIONAL

**Situational Rule:** Required when enrolling subscribers, dependents with different address information, or when changing a member's address. If not required by this implementation guide, do not send.

**TR3 Example:** N3\*50 ORCHARD STREET~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N301	166	Address Information Address information	M 1 AN 1/55
IMPLEMENTATION NAME: Member Address Line				
SITUATIONAL	N302	166	Address Information Address information	O 1 AN 1/55
SITUATIONAL RULE: <i>Required if a second address line exists. If not required by this implementation guide, do not send.</i>				
IMPLEMENTATION NAME: Member Address Line				

SEGMENT DETAIL

## N4 - MEMBER CITY, STATE, ZIP CODE

**X12 Segment Name:** Geographic Location

**X12 Purpose:** To specify the geographic place of the named party

**X12 Syntax:** 1. **E0207**

Only one of N402 or N407 may be present.

2. **C0605**

If N406 is present, then N405 is required.

3. **C0704**

If N407 is present, then N404 is required.

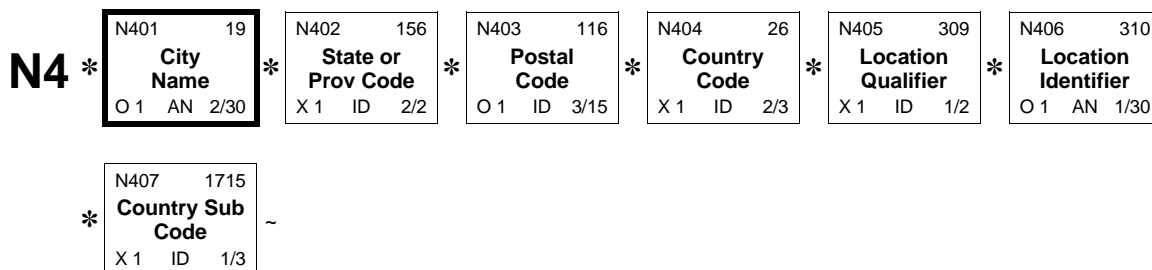
**Loop:** 2100A — MEMBER NAME

**Segment Repeat:** 1

**Usage:** REQUIRED

**TR3 Example:** N4\*KANSAS CITY\*MO\*64108~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N401	19	<b>City Name</b> Free-form text for city name  COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.  IMPLEMENTATION NAME: <b>Member City Name</b>	O 1 AN 2/30
SITUATIONAL	N402	156	<b>State or Province Code</b> Code (Standard State/Province) as defined by appropriate government agency  SYNTAX: E0207  COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada.  SITUATIONAL RULE: <b>Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.</b>  IMPLEMENTATION NAME: <b>Member State Code</b>  CODE SOURCE 22: States and Provinces	X 1 ID 2/2

SITUATIONAL	N403	116	<b>Postal Code</b>	<b>O 1</b>	<b>ID</b>	<b>3/15</b>
			Code defining international postal zone code excluding punctuation and blanks (zip code for United States)			
			SITUATIONAL RULE: <i>Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.</i>			
			IMPLEMENTATION NAME: <b>Member Postal Zone or Zip Code</b>			
SITUATIONAL	N404	26	CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes			
			<b>Country Code</b>	<b>X 1</b>	<b>ID</b>	<b>2/3</b>
			Code identifying the country			
			SYNTAX: C0704			
SITUATIONAL	N405	309	SITUATIONAL RULE: <i>Required when the address is outside the United States of America. If not required by this implementation guide, do not send.</i>			
			CODE SOURCE 5: Countries, Currencies and Funds			
			Use the alpha-2 country codes from Part 1 of ISO 3166.			
			<b>Location Qualifier</b>	<b>X 1</b>	<b>ID</b>	<b>1/2</b>
SITUATIONAL	N406	310	Code identifying type of location			
			SYNTAX: C0605			
			SITUATIONAL RULE: <i>Required when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. If not required by this implementation guide, do not send.</i>			
			CODE SOURCE 206: Government Bill of Lading Office Code			
SITUATIONAL	N407	1715	<b>Country Subdivision Code</b>	<b>X 1</b>	<b>ID</b>	<b>1/3</b>
			Code identifying the country subdivision			
			SYNTAX: E0207, C0704			
			SITUATIONAL RULE: <i>Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.</i>			
SITUATIONAL	N407	1715	CODE SOURCE 5: Countries, Currencies and Funds			
			Use the country subdivision codes from Part 2 of ISO 3166.			

SEGMENT DETAIL

## DMG - MEMBER DEMOGRAPHICS

**X12 Segment Name:** Demographic Information

**X12 Purpose:** To supply demographic information

**X12 Syntax:** 1. **P0102**

If either DMG01 or DMG02 is present, then the other is required.

2. **P0111**

If either DMG10 or DMG11 is present, then the other is required.

3. **C1105**

If DMG11 is present, then DMG05 is required.

**Loop:** 2100A — MEMBER NAME

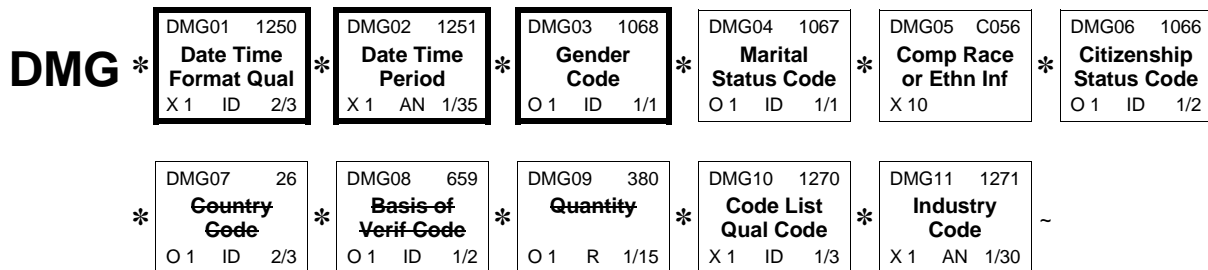
**Segment Repeat:** 1

**Usage:** SITUATIONAL

**Situational Rule:** Required when enrolling a new member, changing a member's demographic information, or terminating a member. If not required by this implementation guide, do not send.

**TR3 Example:** DMG\*D8\*19450915\*F\*M~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DMG01	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format SYNTAX: P0102	X 1 ID 2/3
			CODE	DEFINITION
			D8	Date Expressed in Format CCYYMMDD
REQUIRED	DMG02	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times SYNTAX: P0102 SEMANTIC: DMG02 is the date of birth.	X 1 AN 1/35
			IMPLEMENTATION NAME: <b>Member Birth Date</b>	

REQUIRED	DMG03	1068	<b>Gender Code</b> Code indicating the sex of the individual	O 1	ID	1/1																						
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>F</td><td>Female</td></tr><tr><td>M</td><td>Male</td></tr><tr><td>U</td><td>Unknown</td></tr><tr><td colspan="2">This code is to be used only when the gender is unknown or when it can not be sent due to reporting restrictions.</td></tr></table>	CODE	DEFINITION	F	Female	M	Male	U	Unknown	This code is to be used only when the gender is unknown or when it can not be sent due to reporting restrictions.																
CODE	DEFINITION																											
F	Female																											
M	Male																											
U	Unknown																											
This code is to be used only when the gender is unknown or when it can not be sent due to reporting restrictions.																												
SITUATIONAL	DMG04	1067	<b>Marital Status Code</b> Code defining the marital status of a person	O 1	ID	1/1																						
			SITUATIONAL RULE: <i>Required when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. If not required by this implementation guide, do not send.</i>																									
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>B</td><td>Registered Domestic Partner</td></tr><tr><td>D</td><td>Divorced</td></tr><tr><td>I</td><td>Single</td></tr><tr><td>M</td><td>Married</td></tr><tr><td>R</td><td>Unreported</td></tr><tr><td>S</td><td>Separated</td></tr><tr><td>U</td><td>Unmarried (Single or Divorced or Widowed)</td></tr><tr><td colspan="2">This code should be used if the previous status is unknown.</td></tr><tr><td>W</td><td>Widowed</td></tr><tr><td>X</td><td>Legally Separated</td></tr></table>	CODE	DEFINITION	B	Registered Domestic Partner	D	Divorced	I	Single	M	Married	R	Unreported	S	Separated	U	Unmarried (Single or Divorced or Widowed)	This code should be used if the previous status is unknown.		W	Widowed	X	Legally Separated			
CODE	DEFINITION																											
B	Registered Domestic Partner																											
D	Divorced																											
I	Single																											
M	Married																											
R	Unreported																											
S	Separated																											
U	Unmarried (Single or Divorced or Widowed)																											
This code should be used if the previous status is unknown.																												
W	Widowed																											
X	Legally Separated																											
SITUATIONAL	DMG05	C056	<b>COMPOSITE RACE OR ETHNICITY INFORMATION</b> To send general and detailed information on race or ethnicity	X 10																								
			SYNTAX: <b>P0203</b> If either C05602 or C05603 is present, then the other is required.																									
			SITUATIONAL RULE: <i>Required when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. If not required by this implementation guide, do not send.</i>																									
			Race or Ethnicity information is reported in either DMG05-1 or DMG05-2 and DMG05-3.																									

**SITUATIONAL**      **DMG05 - 1**      **1109**      **Race or Ethnicity Code**      **O**      **ID**      **1/1**

Code indicating the racial or ethnic background of a person; it is normally self-reported; Under certain circumstances this information is collected for United States Government statistical purposes

**SITUATIONAL RULE:** *Required when reporting the Race or Ethnicity code from the DMG05-1 list of code values. If not required by this implementation guide, do not send.*

CODE	DEFINITION
7	Not Provided
8	Not Applicable
A	Asian or Pacific Islander
B	Black
C	Caucasian
D	Subcontinent Asian American
E	Other Race or Ethnicity
F	Asian Pacific American
G	Native American
H	Hispanic
I	American Indian or Alaskan Native
J	Native Hawaiian
N	Black (Non-Hispanic)
O	White (Non-Hispanic)
P	Pacific Islander
Z	Mutually Defined

**SITUATIONAL**      **DMG05 - 2**      **1270**      **Code List Qualifier Code**      **X**      **ID**      **1/3**

Code identifying a specific industry code list

SYNTAX:  
P0203

SEMANTIC:  
C056-02 and C056-03 are used to specify detailed information about race or ethnicity.

**SITUATIONAL RULE:** *Required when the Classification of Race or Ethnicity code set is being used to report Race or Ethnicity data. If not required by this implementation guide, do not send.*

CODE	DEFINITION
RET	<b>Classification of Race or Ethnicity</b> CODE SOURCE 859: Classification of Race or Ethnicity

<b>SITUATIONAL</b>	<b>DMG05 - 3</b>	<b>1271</b>	<b>Industry Code</b>	<b>X</b>	<b>AN</b>	<b>1/30</b>
Code indicating a code from a specific industry code list						

SYNTAX:  
P0203

**SITUATIONAL RULE:** *Required when reporting the Race or Ethnicity code obtained from the Classification of Race or Ethnicity code. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Race or Ethnicity Code

CODE SOURCE 859: Classification of Race or Ethnicity

<b>SITUATIONAL</b>	<b>DMG06</b>	<b>1066</b>	<b>Citizenship Status Code</b>	<b>O 1</b>	<b>ID</b>	<b>1/2</b>
Code indicating citizenship status						

**SITUATIONAL RULE:** *Required when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. If not required by this implementation guide, do not send.*

CODE	DEFINITION
1	U.S. Citizen
2	Non-Resident Alien
3	Resident Alien
4	Illegal Alien
5	Alien
6	U.S. Citizen - Non-Resident
7	U.S. Citizen - Resident

<b>NOT USED</b>	<b>DMG07</b>	<b>26</b>	<b>Country Code</b>	<b>O 1</b>	<b>ID</b>	<b>2/3</b>
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<b>NOT USED</b>	<b>DMG08</b>	<b>659</b>	<b>Basis of Verification Code</b>	<b>O 1</b>	<b>ID</b>	<b>1/2</b>
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<b>NOT USED</b>	<b>DMG09</b>	<b>380</b>	<b>Quantity</b>	<b>O 1</b>	<b>R</b>	<b>1/15</b>
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<b>SITUATIONAL</b>	<b>DMG10</b>	<b>1270</b>	<b>Code List Qualifier Code</b>	<b>X 1</b>	<b>ID</b>	<b>1/3</b>
Code identifying a specific industry code list						

SYNTAX: P1011

**SITUATIONAL RULE:** *Required when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. If not required by this implementation guide, do not send.*

CODE	DEFINITION
<b>REC</b>	<b>Race or Ethnicity Collection Code</b>
CODE SOURCE 860: Race or Ethnicity Collection Code	



<b>SITUATIONAL</b>	<b>DMG11</b>	<b>1271</b>	<b>Industry Code</b>	<b>X 1</b>	<b>AN</b>	<b>1/30</b>
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Code indicating a code from a specific industry code list

**SYNTAX:** P1011, C1105

**SEMANTIC:** DMG11 is used to specify how the information in DMG05, including repeats of C056, was collected.

**SITUATIONAL RULE:** *Required when there is a need to specify how the information in DMG05, including any repeats, was collected. If not required by this implementation guide, do not send.*

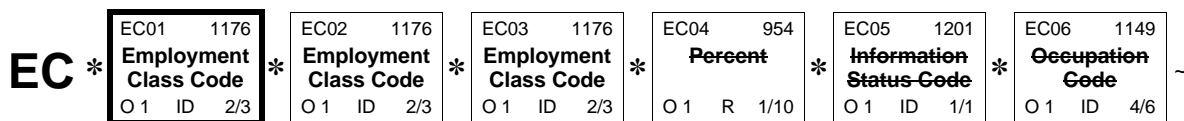
**IMPLEMENTATION NAME:** Race or Ethnicity Collection Code

## SEGMENT DETAIL

## EC - EMPLOYMENT CLASS

**X12 Segment Name:** Employment Class**X12 Purpose:** To provide class of employment information**Loop:** 2100A — MEMBER NAME**Segment Repeat:** >1**Usage:** SITUATIONAL**Situational Rule:** Required when sending additional employment class information on the member. If not required by this implementation guide, do not send.**TR3 Example:** EC\*04\*06\*07~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES																																										
REQUIRED	EC01	1176	<b>Employment Class Code</b> Code indicating category of employee	O 1	ID	2/3																																								
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>01</td><td>Union</td></tr><tr><td>02</td><td>Non-Union</td></tr><tr><td>03</td><td>Executive</td></tr><tr><td>04</td><td>Non-Executive</td></tr><tr><td>05</td><td>Management</td></tr><tr><td>06</td><td>Non-Management</td></tr><tr><td>07</td><td>Hourly</td></tr><tr><td>08</td><td>Salaried</td></tr><tr><td>09</td><td>Administrative</td></tr><tr><td>10</td><td>Non-Administrative</td></tr><tr><td>11</td><td>Exempt</td></tr><tr><td>12</td><td>Non-Exempt</td></tr><tr><td>17</td><td>Highly Compensated</td></tr><tr><td>18</td><td>Key-Employee</td></tr><tr><td>19</td><td>Bargaining</td></tr><tr><td>20</td><td>Non-Bargaining</td></tr><tr><td>21</td><td>Owner</td></tr><tr><td>22</td><td>President</td></tr><tr><td>23</td><td>Vice President</td></tr></table>	CODE	DEFINITION	01	Union	02	Non-Union	03	Executive	04	Non-Executive	05	Management	06	Non-Management	07	Hourly	08	Salaried	09	Administrative	10	Non-Administrative	11	Exempt	12	Non-Exempt	17	Highly Compensated	18	Key-Employee	19	Bargaining	20	Non-Bargaining	21	Owner	22	President	23	Vice President			
CODE	DEFINITION																																													
01	Union																																													
02	Non-Union																																													
03	Executive																																													
04	Non-Executive																																													
05	Management																																													
06	Non-Management																																													
07	Hourly																																													
08	Salaried																																													
09	Administrative																																													
10	Non-Administrative																																													
11	Exempt																																													
12	Non-Exempt																																													
17	Highly Compensated																																													
18	Key-Employee																																													
19	Bargaining																																													
20	Non-Bargaining																																													
21	Owner																																													
22	President																																													
23	Vice President																																													

**SITUATIONAL**    **EC02**    **1176**    **Employment Class Code**    **O 1**    **ID**    **2/3**  
Code indicating category of employee

**SITUATIONAL RULE:** *Required if further classification information is needed. If not required by this implementation guide, do not send.*

CODE	DEFINITION
01	Union
02	Non-Union
03	Executive
04	Non-Executive
05	Management
06	Non-Management
07	Hourly
08	Salaried
09	Administrative
10	Non-Administrative
11	Exempt
12	Non-Exempt
17	Highly Compensated
18	Key-Employee
19	Bargaining
20	Non-Bargaining
21	Owner
22	President
23	Vice President

**SITUATIONAL**    **EC03**    **1176**    **Employment Class Code**    **O 1**    **ID**    **2/3**  
Code indicating category of employee

**SITUATIONAL RULE:** *Required if further classification information is needed. If not required by this implementation guide, do not send.*

CODE	DEFINITION
01	Union
02	Non-Union
03	Executive
04	Non-Executive
05	Management
06	Non-Management
07	Hourly
08	Salaried
09	Administrative
10	Non-Administrative
11	Exempt
12	Non-Exempt
17	Highly Compensated
18	Key-Employee
19	Bargaining

			20	Non-Bargaining			
			21	Owner			
			22	President			
			23	Vice President			
NOT USED	EC04	954	Percentage as Decimal		O 1	R	1/10
NOT USED	EC05	1201	Information Status Code		O 1	ID	1/1
NOT USED	EC06	1149	Occupation Code		O 1	ID	4/6

SEGMENT DETAIL

## ICM - MEMBER INCOME

**X12 Segment Name:** Individual Income

**X12 Purpose:** To supply information to determine benefit eligibility, deductibles, and retirement and investment contributions

**Loop:** 2100A — MEMBER NAME

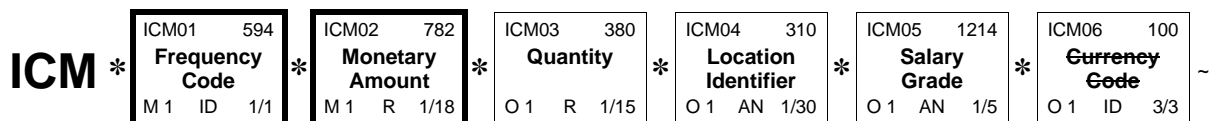
**Segment Repeat:** 1

**Usage:** SITUATIONAL

**Situational Rule:** Required when such transmission is required under the insurance contract between the sponsor and payer. If not required by this implementation guide, do not send.

**TR3 Example:** ICM\*1\*425.25\*40~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	ICM01	594	<b>Frequency Code</b> Code indicating frequency or type of activities or actions being reported SEMANTIC: ICM01 is the frequency at which an individual's wages are paid.	M 1	ID	1/1
			CODE	DEFINITION		
			1	Weekly		
			2	Biweekly		
			3	Semimonthly		
			4	Monthly		
			6	Daily		
			7	Annual		
			8	Two Calendar Months		
			9	Lump-Sum Separation Allowance		
			B	Year-to-Date		
			C	Single		
			H	Hourly		
			Q	Quarterly		
			S	Semiannual		
			U	Unknown		

REQUIRED	ICM02	782	<b>Monetary Amount</b> Monetary amount  SEMANTIC: ICM02 is the yearly wages amount.  IMPLEMENTATION NAME: <b>Wage Amount</b>	M 1	R	1/18
SITUATIONAL	ICM03	380	<b>Quantity</b> Numeric value of quantity  SEMANTIC: ICM03 is the weekly hours.  SITUATIONAL RULE: <i>Required when such transmission is required under the insurance contract between the sponsor and payer. If not required by this implementation guide, do not send.</i>  IMPLEMENTATION NAME: <b>Work Hours Count</b>	O 1	R	1/15
SITUATIONAL	ICM04	310	<b>Location Identifier</b> Code which identifies a specific location  SEMANTIC: ICM04 is the employer location qualifier such as a department number.  SITUATIONAL RULE: <i>Required when such transmission is required under the insurance contract between the sponsor and payer. If not required by this implementation guide, do not send.</i>  IMPLEMENTATION NAME: <b>Location Identification Code</b>	O 1	AN	1/30
SITUATIONAL	ICM05	1214	<b>Salary Grade</b> The salary grade code assigned by the employer  SITUATIONAL RULE: <i>Required when such transmission is required under the insurance contract between the sponsor and payer. If not required by this implementation guide, do not send.</i>  IMPLEMENTATION NAME: <b>Salary Grade Code</b>	O 1	AN	1/5
NOT USED	ICM06	100	<b>Currency Code</b>	O 1	ID	3/3

SEGMENT DETAIL

## AMT - MEMBER POLICY AMOUNTS

**X12 Segment Name:** Monetary Amount Information

**X12 Purpose:** To indicate the total monetary amount

**Loop:** 2100A — MEMBER NAME

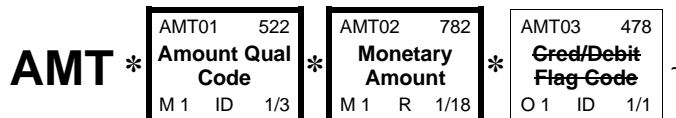
**Segment Repeat:** 7

**Usage:** SITUATIONAL

**Situational Rule:** Required when such transmission is required under the insurance contract between the sponsor and payer. If not required by this implementation guide, do not send.

**TR3 Example:** AMT\*D2\*100~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	AMT01	522	Amount Qualifier Code Code to qualify amount	M 1 ID 1/3
			CODE	DEFINITION
			B9	Co-insurance - Actual This will contain any co-insurance selection amount. The option of adjusting this amount to produce the actual co-insurance can be defined in the insurance contract.
			C1	Co-Payment Amount
			D2	Deductible Amount
			EBA	Expected Expenditure Amount
			FK	Other Unlisted Amount
			P3	Premium Amount
			R	Spend Down
REQUIRED	AMT02	782	Monetary Amount Monetary amount	M 1 R 1/18
			IMPLEMENTATION NAME: Contract Amount	
NOT USED	AMT03	478	Credit/Debit Flag Code	O 1 ID 1/1

## SEGMENT DETAIL

## HLH - MEMBER HEALTH INFORMATION

X12 Segment Name: Health Information

X12 Purpose: To provide health information

Loop: 2100A — MEMBER NAME

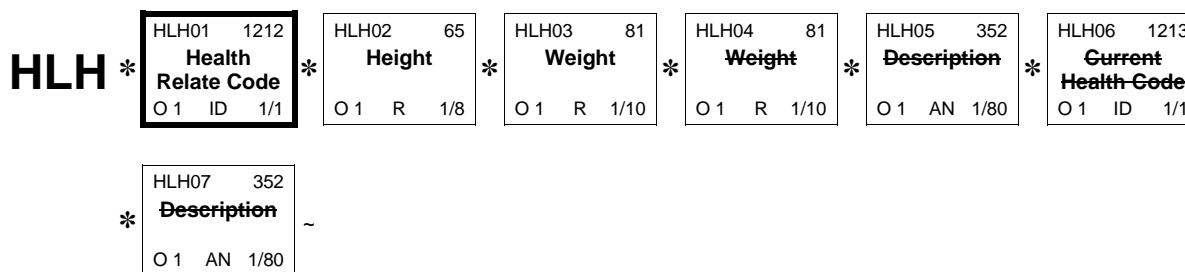
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required on initial enrollment of a member when appropriate medical information about the member is available. If not required by this implementation guide, do not send.

TR3 Example: HLH\*X\*74\*210~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	HLH01	1212	<b>Health-Related Code</b> Code indicating a specific health situation	O 1	ID	1/1
IMPLEMENTATION NAME: <b>Health Related Code</b>						
			CODE	DEFINITION		
			N	None		
			S	Substance Abuse		
			T	Tobacco Use		
			U	Unknown		
			X	Tobacco Use and Substance Abuse		
SITUATIONAL	HLH02	65	<b>Height</b> Vertical dimension of an object measured when the object is in the upright position	O 1	R	1/8
SITUATIONAL RULE: <i>Required when available. If not required by this implementation guide, do not send.</i>						
IMPLEMENTATION NAME: <b>Member Height</b>						
The height must be reported in inches.						



<b>SITUATIONAL</b>	HLH03	81	<b>Weight</b> Numeric value of weight  SEMANTIC: HLH03 is the current weight in pounds.  SITUATIONAL RULE: <i>Required when available. If not required by this implementation guide, do not send.</i>  IMPLEMENTATION NAME: <b>Member Weight</b>	O 1	R	1/10
<b>NOT USED</b>	HLH04	81	<b>Weight</b>	O 1	R	1/10
<b>NOT USED</b>	HLH05	352	<b>Description</b>	O 1	AN	1/80
<b>NOT USED</b>	HLH06	1213	<b>Current Health Condition Code</b>	O 1	ID	1/1
<b>NOT USED</b>	HLH07	352	<b>Description</b>	O 1	AN	1/80

## SEGMENT DETAIL

## LUI - MEMBER LANGUAGE

**X12 Segment Name:** Language Use**X12 Purpose:** To specify language, type of usage, and proficiency or fluency**X12 Syntax:** 1. **P0102**

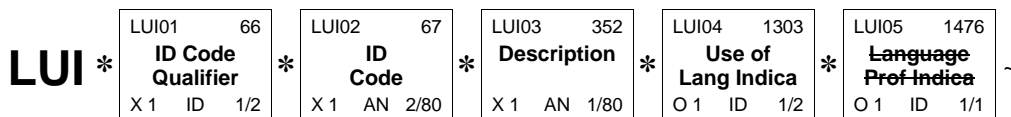
If either LUI01 or LUI02 is present, then the other is required.

2. **L040203**

If LUI04 is present, then at least one of LUI02 or LUI03 are required.

**Loop:** 2100A — MEMBER NAME**Segment Repeat:** >1**Usage:** SITUATIONAL**Situational Rule:** Required if the sponsor knows that the member's primary language is not English, and such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. If not required by this implementation guide do not send.**TR3 Notes:** 1. Any need to send/collect this information will need to be contained in the trading partner agreement.**TR3 Example:** LUI\*LD\*123\*\*8~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
SITUATIONAL	LUI01	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67)  SYNTAX: P0102  SITUATIONAL RULE: <i>Required when a value is being reported in the LUI02 element. If not required by this implementation guide, do not send.</i>	X 1	ID	1/2
				CODE	DEFINITION	
				LD	NISO Z39.53 Language Codes CODE SOURCE 457: NISO Z39.53 Language Code List	
				LE	ISO 639 Language Codes CODE SOURCE 102: Languages	

SITUATIONAL	LUI02	67	Identification Code Code identifying a party or other code  SYNTAX: P0102, L040203  SEMANTIC: LUI02 is the language code.  SITUATIONAL RULE: <i>Required if the sponsor is able to code the language identification. If not required by this implementation guide, do not send.</i>  IMPLEMENTATION NAME: Language Code	X 1	AN	2/80										
SITUATIONAL	LUI03	352	Description A free-form description to clarify the related data elements and their content  SYNTAX: L040203  SEMANTIC: LUI03 is the name of the language.  SITUATIONAL RULE: <i>Required if the sender is unable to code the necessary language identification in LUI01 and LUI02. If not required by this implementation guide, do not send.</i>  IMPLEMENTATION NAME: Language Description	X 1	AN	1/80										
SITUATIONAL	LUI04	1303	Use of Language Indicator Code indicating the use of a language  SYNTAX: L040203  SITUATIONAL RULE: <i>Required if supplied by member. If not required by this implementation guide, do not send.</i>  IMPLEMENTATION NAME: Language Use Indicator <table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>5</td><td>Language Reading</td></tr><tr><td>6</td><td>Language Writing</td></tr><tr><td>7</td><td>Language Speaking</td></tr><tr><td>8</td><td>Native Language</td></tr></tbody></table>	CODE	DEFINITION	5	Language Reading	6	Language Writing	7	Language Speaking	8	Native Language	O 1	ID	1/2
CODE	DEFINITION															
5	Language Reading															
6	Language Writing															
7	Language Speaking															
8	Native Language															
NOT USED	LUI05	1476	Language Proficiency Indicator  													

## SEGMENT DETAIL

## NM1 - INCORRECT MEMBER NAME

**X12 Segment Name:** Individual or Organizational Name**X12 Purpose:** To supply the full name of an individual or organizational entity**X12 Syntax:** 1. **P0809**

If either NM108 or NM109 is present, then the other is required.

2. **C1110**

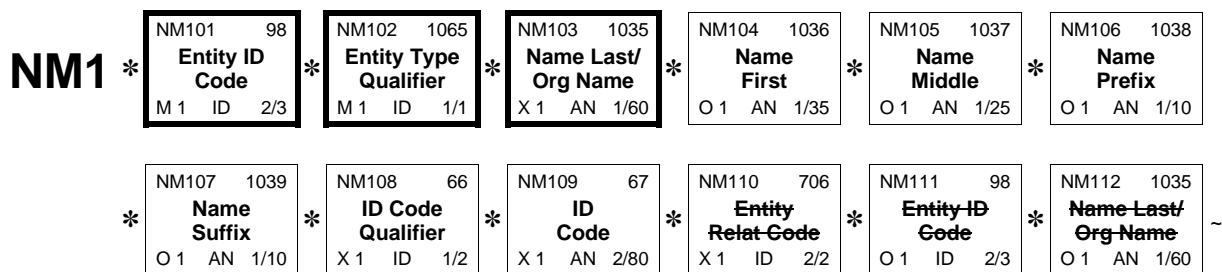
If NM111 is present, then NM110 is required.

3. **C1203**

If NM112 is present, then NM103 is required.

**Loop:** 2100B — INCORRECT MEMBER NAME **Loop Repeat:** 1**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required if a corrected name is being sent in loop 2100A or if previously supplied demographics are being changed. If only the demographics are being changed, the code in NM101 in loop 2100A will be IL, and the code in NM101 in this loop will be 70. If not required by this implementation guide, do not send.**TR3 Notes:** 1. If only the demographics are being changed, the code in NM101 in loop 2100A will be IL, and the code in NM101 in this loop will be 70.**TR3 Example:** NM1\*70\*1\*SMYTH\*JON~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	M 1 ID 2/3
This code identifies that the information that follows is previously reported enrollment information that is being corrected.				
		CODE	DEFINITION	
		70	Prior Incorrect Insured	

REQUIRED	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity  SEMANTIC: NM102 qualifies NM103.	M 1	ID	1/1		
			<table><tr><th>CODE</th><th>DEFINITION</th></tr></table>	CODE	DEFINITION			
CODE	DEFINITION							
			<b>1</b> <b>Person</b>					
REQUIRED	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name  SYNTAX: C1203	X 1	AN	1/60		
			IMPLEMENTATION NAME: <b>Prior Incorrect Member Last Name</b>					
SITUATIONAL	NM104	1036	<b>Name First</b> Individual first name  SITUATIONAL RULE: <i>Required when NM102 is equal to “1” (person) and the person has a first name. If not required by this implementation guide, do not send.</i>	O 1	AN	1/35		
			IMPLEMENTATION NAME: <b>Prior Incorrect Member First Name</b>					
SITUATIONAL	NM105	1037	<b>Name Middle</b> Individual middle name or initial  SITUATIONAL RULE: <i>Required if supplied by member. If not required by this implementation guide, do not send.</i>	O 1	AN	1/25		
			IMPLEMENTATION NAME: <b>Prior Incorrect Member Middle Name</b>					
SITUATIONAL	NM106	1038	<b>Name Prefix</b> Prefix to individual name  SITUATIONAL RULE: <i>Required if supplied by member. If not required by this implementation guide, do not send.</i>	O 1	AN	1/10		
			IMPLEMENTATION NAME: <b>Prior Incorrect Member Name Prefix</b>					
SITUATIONAL	NM107	1039	<b>Name Suffix</b> Suffix to individual name  SITUATIONAL RULE: <i>Required if supplied by member. If not required by this implementation guide, do not send.</i>	O 1	AN	1/10		
			IMPLEMENTATION NAME: <b>Prior Incorrect Member Name Suffix</b>					
SITUATIONAL	NM108	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67)  SYNTAX: P0809  SITUATIONAL RULE: <i>Required when a corrected value is being reported in the NM109 element. If not required by this implementation guide, do not send.</i>	X 1	ID	1/2		
			<table><tr><th>CODE</th><th>DEFINITION</th></tr></table>	CODE	DEFINITION			
CODE	DEFINITION							
			<b>34</b> <b>Social Security Number</b>					
			The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS/TRICARE.					

			ZZ	Mutually Defined		
			Value is required if National Individual Identifier is mandated for use. Otherwise, one of the other listed codes may be used.			
SITUATIONAL	NM109	67	Identification Code Code identifying a party or other code  SYNTAX: P0809  SITUATIONAL RULE: <i>Required when there was a previous error. If not required by this implementation guide, do not send.</i>  IMPLEMENTATION NAME: Prior Incorrect Insured Identifier  NM109 is the identifier that was previously sent in error. This allows matching with data on receiver’s system.	X 1	AN	2/80
NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	O 1	ID	2/3
NOT USED	NM112	1035	Name Last or Organization Name	O 1	AN	1/60

SEGMENT DETAIL

## DMG - INCORRECT MEMBER DEMOGRAPHICS

**X12 Segment Name:** Demographic Information

**X12 Purpose:** To supply demographic information

**X12 Syntax:** 1. **P0102**

If either DMG01 or DMG02 is present, then the other is required.

2. **P1011**

If either DMG10 or DMG11 is present, then the other is required.

3. **C1105**

If DMG11 is present, then DMG05 is required.

**Loop:** 2100B — INCORRECT MEMBER NAME

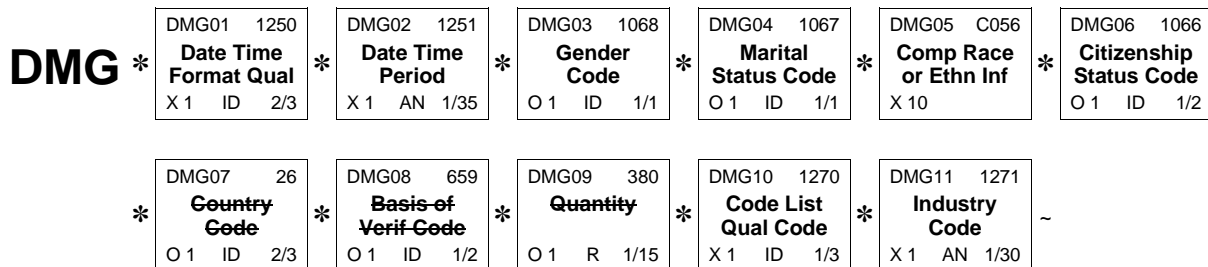
**Segment Repeat:** 1

**Usage:** SITUATIONAL

**Situational Rule:** Required when there is a change to the previously supplied demographic information. If not required by this implementation guide, do not send.

**TR3 Example:** DMG\*D8\*19450915\*M~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
SITUATIONAL	DMG01	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format SYNTAX: P0102 <b>SITUATIONAL RULE:</b> <i>Required when the members birth date is being corrected. If not required by this implementation guide, do not send.</i>	X 1 ID 2/3
			<b>CODE</b>	<b>DEFINITION</b>
			D8	Date Expressed in Format CCYYMMDD

SITUATIONAL	DMG02	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times  SYNTAX: P0102  SEMANTIC: DMG02 is the date of birth.  SITUATIONAL RULE: <i>Required when the members birth date is being corrected. If not required by this implementation guide, do not send.</i>  IMPLEMENTATION NAME: Prior Incorrect Insured Birth Date	X 1	AN	1/35								
SITUATIONAL	DMG03	1068	<b>Gender Code</b> Code indicating the sex of the individual  SITUATIONAL RULE: <i>Required when the members gender is being corrected. If not required by this implementation guide, do not send.</i>  IMPLEMENTATION NAME: Prior Incorrect Insured Gender Code <table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>F</td><td>Female</td></tr><tr><td>M</td><td>Male</td></tr><tr><td>U</td><td>Unknown</td></tr></table>	CODE	DEFINITION	F	Female	M	Male	U	Unknown	O 1	ID	1/1
CODE	DEFINITION													
F	Female													
M	Male													
U	Unknown													
SITUATIONAL	DMG04	1067	<b>Marital Status Code</b> Code defining the marital status of a person  SITUATIONAL RULE: <i>Required when the members Marital Status Code is being corrected. If not required this implementation guide, do not send.</i>	O 1	ID	1/1								
SITUATIONAL	DMG05	C056	<b>COMPOSITE RACE OR ETHNICITY INFORMATION</b> To send general and detailed information on race or ethnicity  SYNTAX: P0203 If either C05602 or C05603 is present, then the other is required.  SITUATIONAL RULE: <i>Required when the members Race or Ethnicity is being corrected. If not required this implementation guide, do not send.</i>	X 10										
SITUATIONAL	DMG05 - 1	1109	<b>Race or Ethnicity Code</b> Code indicating the racial or ethnic background of a person; it is normally self-reported; Under certain circumstances this information is collected for United States Government statistical purposes  SITUATIONAL RULE: <i>Required when the members Race or Ethnicity is being corrected. If not required this implementation guide, do not send.</i>	O	ID	1/1								
SITUATIONAL	DMG05 - 2	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list  SYNTAX: P0203  SEMANTIC: C056-02 and C056-03 are used to specify detailed information about race or ethnicity.  SITUATIONAL RULE: <i>Required when the members Race or Ethnicity is being corrected. If not required this implementation guide, do not send.</i>	X	ID	1/3								



<b>SITUATIONAL</b>	<b>DMG05 - 3</b>	<b>1271</b>	<b>Industry Code</b> Code indicating a code from a specific industry code list  SYNTAX: P0203  <b>SITUATIONAL RULE: <i>Required when the members Race or Ethnicity is being corrected. If not required this implementation guide, do not send.</i></b>  <b>IMPLEMENTATION NAME: Race or Ethnicity Code</b>	<b>X</b>	<b>AN</b>	<b>1/30</b>
<b>SITUATIONAL</b>	<b>DMG06</b>	<b>1066</b>	<b>Citizenship Status Code</b> Code indicating citizenship status  <b>SITUATIONAL RULE: <i>Required when the members Race or Ethnicity is being corrected. If not required this implementation guide, do not send.</i></b>	<b>O 1</b>	<b>ID</b>	<b>1/2</b>
<b>NOT USED</b>	<b>DMG07</b>	<b>26</b>	<b>Country Code</b>	<b>O 1</b>	<b>ID</b>	<b>2/3</b>
<b>NOT USED</b>	<b>DMG08</b>	<b>659</b>	<b>Basis of Verification Code</b>	<b>O 1</b>	<b>ID</b>	<b>1/2</b>
<b>NOT USED</b>	<b>DMG09</b>	<b>380</b>	<b>Quantity</b>	<b>O 1</b>	<b>R</b>	<b>1/15</b>
<b>SITUATIONAL</b>	<b>DMG10</b>	<b>1270</b>	<b>Code List Qualifier Code</b> Code identifying a specific industry code list  SYNTAX: P1011  <b>SITUATIONAL RULE: <i>Required when the members Race or Ethnicity is being corrected. If not required this implementation guide, do not send.</i></b>	<b>X 1</b>	<b>ID</b>	<b>1/3</b>
<b>SITUATIONAL</b>	<b>DMG11</b>	<b>1271</b>	<b>Industry Code</b> Code indicating a code from a specific industry code list  SYNTAX: P1011, C1105  <b>SEMANTIC: DMG11 is used to specify how the information in DMG05, including repeats of C056, was collected.</b>  <b>SITUATIONAL RULE: <i>Required when the members Race or Ethnicity is being corrected. If not required this implementation guide, do not send.</i></b>  <b>IMPLEMENTATION NAME: Race or Ethnicity Collection Code</b>	<b>X 1</b>	<b>AN</b>	<b>1/30</b>

## SEGMENT DETAIL

## NM1 - MEMBER MAILING ADDRESS

**X12 Segment Name:** Individual or Organizational Name**X12 Purpose:** To supply the full name of an individual or organizational entity**X12 Syntax:** 1. **P0809**

If either NM108 or NM109 is present, then the other is required.

2. **C1110**

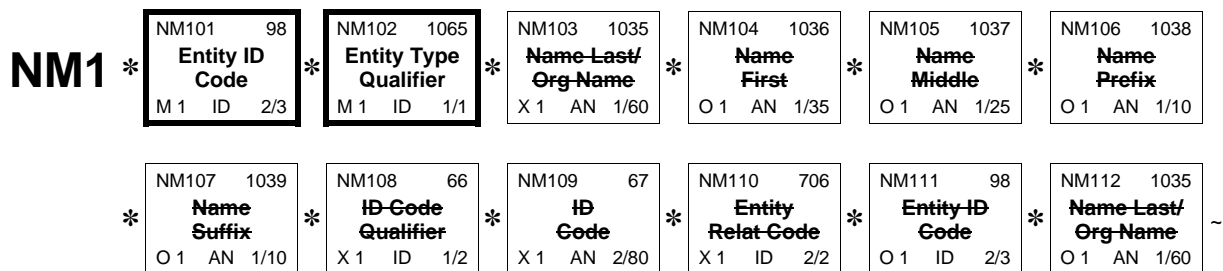
If NM111 is present, then NM110 is required.

3. **C1203**

If NM112 is present, then NM103 is required.

**Loop:** 2100C — MEMBER MAILING ADDRESS **Loop Repeat:** 1**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when the member mailing address is different from the residence address sent in loop 2100A or when the dependent's address is different from the subscriber. If not required by this implementation guide, do not send.**TR3 Example:** NM1\*31\*1~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES						
REQUIRED	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual	M 1	ID	2/3				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>31</td><td>Postal Mailing Address</td></tr></table>	CODE	DEFINITION	31	Postal Mailing Address			
CODE	DEFINITION									
31	Postal Mailing Address									
REQUIRED	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity  SEMANTIC: NM102 qualifies NM103.	M 1	ID	1/1				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>1</td><td>Person</td></tr></table>	CODE	DEFINITION	1	Person			
CODE	DEFINITION									
1	Person									

NOT USED	NM103	1035	Name Last or Organization Name	X 1	AN	1/60
NOT USED	NM104	1036	Name First	O 1	AN	1/35
NOT USED	NM105	1037	Name Middle	O 1	AN	1/25
NOT USED	NM106	1038	Name Prefix	O 1	AN	1/10
NOT USED	NM107	1039	Name Suffix	O 1	AN	1/10
NOT USED	NM108	66	Identification Code Qualifier	X 1	ID	1/2
NOT USED	NM109	67	Identification Code	X 1	AN	2/80
NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	O 1	ID	2/3
NOT USED	NM112	1035	Name Last or Organization Name	O 1	AN	1/60

SEGMENT DETAIL

## N3 - MEMBER MAIL STREET ADDRESS

**X12 Segment Name:** Party Location

**X12 Purpose:** To specify the location of the named party

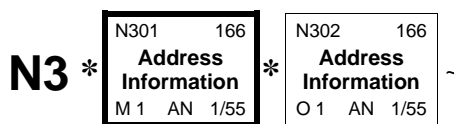
**Loop:** 2100C — MEMBER MAILING ADDRESS

**Segment Repeat:** 1

**Usage:** REQUIRED

**TR3 Example:** N3\*P.O. Box 1234~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N301	166	Address Information Address information	M 1 AN 1/55
IMPLEMENTATION NAME: Member Address Line				
SITUATIONAL	N302	166	Address Information Address information	O 1 AN 1/55
SITUATIONAL RULE: <i>Required if a second address line exists. If not required by this implementation guide, do not send.</i>				
IMPLEMENTATION NAME: Member Address Line				

SEGMENT DETAIL

## N4 - MEMBER MAIL CITY, STATE, ZIP CODE

**X12 Segment Name:** Geographic Location

**X12 Purpose:** To specify the geographic place of the named party

**X12 Syntax:** 1. **E0207**

Only one of N402 or N407 may be present.

2. **C0605**

If N406 is present, then N405 is required.

3. **C0704**

If N407 is present, then N404 is required.

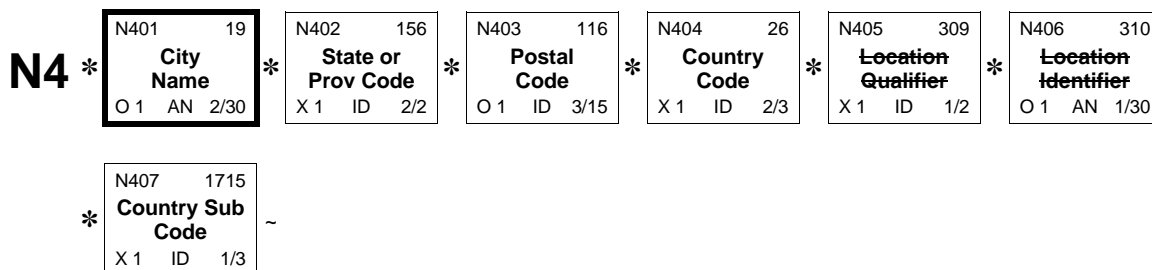
**Loop:** 2100C — MEMBER MAILING ADDRESS

**Segment Repeat:** 1

**Usage:** REQUIRED

**TR3 Example:** N4\*KANSAS CITY\*MO\*64108~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N401	19	<b>City Name</b> Free-form text for city name  COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.  IMPLEMENTATION NAME: <b>Member Mail City Name</b>	O 1 AN 2/30
SITUATIONAL	N402	156	<b>State or Province Code</b> Code (Standard State/Province) as defined by appropriate government agency  SYNTAX: E0207  COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada.  SITUATIONAL RULE: <b>Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.</b>  IMPLEMENTATION NAME: <b>Member Mail State Code</b>  CODE SOURCE 22: States and Provinces	X 1 ID 2/2

<b>SITUATIONAL</b>	<b>N403</b>	<b>116</b>	<b>Postal Code</b> Code defining international postal zone code excluding punctuation and blanks (zip code for United States)  <b>SITUATIONAL RULE:</b> <i>Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.</i>  <b>IMPLEMENTATION NAME:</b> Member Mail Postal Zone or ZIP Code  CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes	<b>O 1</b>	<b>ID</b>	<b>3/15</b>
<b>SITUATIONAL</b>	<b>N404</b>	<b>26</b>	<b>Country Code</b> Code identifying the country  SYNTAX: C0704  <b>SITUATIONAL RULE:</b> <i>Required when the address is outside the United States of America. If not required by this implementation guide, do not send.</i>  CODE SOURCE 5: Countries, Currencies and Funds  Use the alpha-2 country codes from Part 1 of ISO 3166.	<b>X 1</b>	<b>ID</b>	<b>2/3</b>
<b>NOT USED</b>	<b>N405</b>	<b>309</b>	<b>Location Qualifier</b>	<b>X 1</b>	<b>ID</b>	<b>1/2</b>
<b>NOT USED</b>	<b>N406</b>	<b>310</b>	<b>Location Identifier</b>	<b>O 1</b>	<b>AN</b>	<b>1/30</b>
<b>SITUATIONAL</b>	<b>N407</b>	<b>1715</b>	<b>Country Subdivision Code</b> Code identifying the country subdivision  SYNTAX: E0207, C0704  <b>SITUATIONAL RULE:</b> <i>Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.</i>  CODE SOURCE 5: Countries, Currencies and Funds  Use the country subdivision codes from Part 2 of ISO 3166.	<b>X 1</b>	<b>ID</b>	<b>1/3</b>

SEGMENT DETAIL

## NM1 - MEMBER EMPLOYER

**X12 Segment Name:** Individual or Organizational Name

**X12 Purpose:** To supply the full name of an individual or organizational entity

**X12 Syntax:** 1. **P0809**

If either NM108 or NM109 is present, then the other is required.

2. **C1110**

If NM111 is present, then NM110 is required.

3. **C1203**

If NM112 is present, then NM103 is required.

**Loop:** 2100D — MEMBER EMPLOYER **Loop Repeat:** 3

**Segment Repeat:** 1

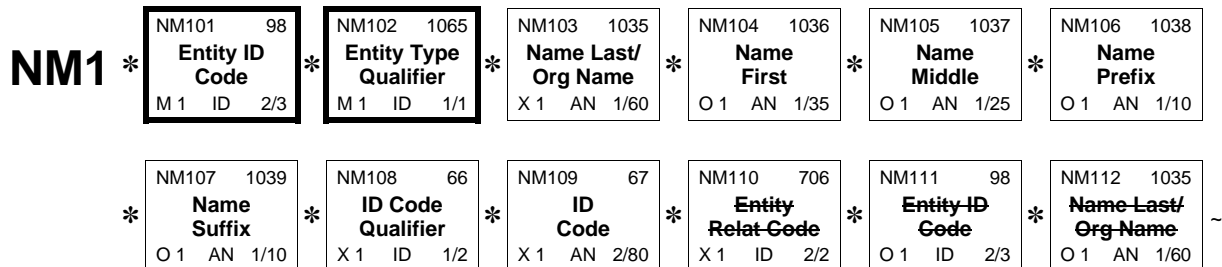
**Usage:** SITUATIONAL

**Situational Rule:** Required when the member is employed by someone other than the sponsor and the insurance contract requires the payer to be notified of such employment. If not required by this implementation guide, do not send.

**TR3 Notes:** 1. This segment is not used to collect Coordination of Benefits (COB) information. COB information must be passed in the 2320 loop.

**TR3 Example:** NM1\*36\*2\*ABC CORP.~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	M 1 ID 2/3
			CODE	DEFINITION
			36	Employer

REQUIRED	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity  SEMANTIC: NM102 qualifies NM103. <table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>1</td><td>Person</td></tr><tr><td>2</td><td>Non-Person Entity</td></tr></table>	CODE	DEFINITION	1	Person	2	Non-Person Entity	M 1	ID	1/1
CODE	DEFINITION											
1	Person											
2	Non-Person Entity											
SITUATIONAL	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name  SYNTAX: C1203  SITUATIONAL RULE: <i>Required until the National Identifier for employer is implemented. If not required by this implementation guide, do not send.</i>  IMPLEMENTATION NAME: Member Employer Name	X 1	AN	1/60						
SITUATIONAL	NM104	1036	<b>Name First</b> Individual first name  SITUATIONAL RULE: <i>Required when NM102 is equal to “1” (person) and the person has a first name. If not required by this implementation guide, do not send.</i>  IMPLEMENTATION NAME: Member Employer First Name	O 1	AN	1/35						
SITUATIONAL	NM105	1037	<b>Name Middle</b> Individual middle name or initial  SITUATIONAL RULE: <i>Required if supplied by the member and NM102 equals ‘1’. If not required by this implementation guide, do not send.</i>  IMPLEMENTATION NAME: Member Employer Middle Name	O 1	AN	1/25						
SITUATIONAL	NM106	1038	<b>Name Prefix</b> Prefix to individual name  SITUATIONAL RULE: <i>Required if supplied by the member and NM102 equals ‘1’. If not required by this implementation guide, do not send.</i>  IMPLEMENTATION NAME: Member Employer Name Prefix	O 1	AN	1/10						
SITUATIONAL	NM107	1039	<b>Name Suffix</b> Suffix to individual name  SITUATIONAL RULE: <i>Required if supplied by the member and NM102 equals ‘1’. If not required by this implementation guide, do not send.</i>  IMPLEMENTATION NAME: Member Employer Name Suffix	O 1	AN	1/10						



SITUATIONAL	NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67)  SYNTAX: P0809  SITUATIONAL RULE: <i>Required when a value is being reported in the NM109 element. If not required by this implementation guide, do not send.</i>	X 1	ID	1/2						
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>24</td><td>Employer's Identification Number This is the "HIPAA Employer Identifier".</td></tr><tr><td>34</td><td>Social Security Number</td></tr></table>	CODE	DEFINITION	24	Employer's Identification Number This is the "HIPAA Employer Identifier".	34	Social Security Number			
CODE	DEFINITION											
24	Employer's Identification Number This is the "HIPAA Employer Identifier".											
34	Social Security Number											
SITUATIONAL	NM109	67	Identification Code Code identifying a party or other code  SYNTAX: P0809  SITUATIONAL RULE: <i>Required when available, and allowed under confidentiality regulations. If not required by this implementation guide, do not send.</i>  IMPLEMENTATION NAME: Member Employer Identifier	X 1	AN	2/80						
NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2						
NOT USED	NM111	98	Entity Identifier Code	O 1	ID	2/3						
NOT USED	NM112	1035	Name Last or Organization Name	O 1	AN	1/60						

## SEGMENT DETAIL

**PER - MEMBER EMPLOYER  
COMMUNICATIONS NUMBERS****X12 Segment Name:** Administrative Communications Contact**X12 Purpose:** To identify a person or office to whom administrative communications should be directed**X12 Syntax:** 1. **P0304**

If either PER03 or PER04 is present, then the other is required.

2. **P0506**

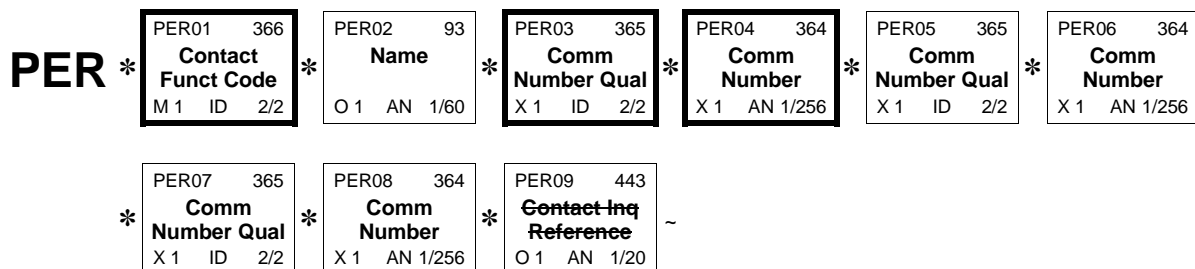
If either PER05 or PER06 is present, then the other is required.

3. **P0708**

If either PER07 or PER08 is present, then the other is required.

**Loop:** 2100D — MEMBER EMPLOYER**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when the Member Employers contact information is provided to the sponsor. If not required by this implementation guide, do not send.**TR3 Notes:** 1. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number always includes the area code and phone number using the format AAABBBCCCC, where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525).**TR3 Example:** PER\*EP\*\*TE\*8001234567~

## DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	PER01	366	<b>Contact Function Code</b> Code identifying the major duty or responsibility of the person or group named	M 1 ID 2/2
			CODE	DEFINITION
			EP	Employer Contact
SITUATIONAL	PER02	93	<b>Name</b> Free-form name	O 1 AN 1/60
			SITUATIONAL RULE: <i>Required if member employer communication contact name is supplied by the member. If not required by this implementation guide, do not send.</i>	
			IMPLEMENTATION NAME: <b>Member Employer Communications Contact Name</b>	
REQUIRED	PER03	365	<b>Communication Number Qualifier</b> Code identifying the type of communication number	X 1 ID 2/2
			SYNTAX: P0304	
			CODE	DEFINITION
			AP	Alternate Telephone
			BN	Beeper Number
			CP	Cellular Phone
			EM	Electronic Mail
			EX	Telephone Extension
			FX	Facsimile
			TE	Telephone
REQUIRED	PER04	364	<b>Communication Number</b> Complete communications number including country or area code when applicable	X 1 AN 1/256
			SYNTAX: P0304	
SITUATIONAL	PER05	365	<b>Communication Number Qualifier</b> Code identifying the type of communication number	X 1 ID 2/2
			SYNTAX: P0506	
			SITUATIONAL RULE: <i>Required when a value is being reported in the PER06 element. If not required by this implementation guide, do not send.</i>	
			CODE	DEFINITION
			AP	Alternate Telephone
			BN	Beeper Number
			CP	Cellular Phone
			EM	Electronic Mail
			EX	Telephone Extension
			FX	Facsimile
			TE	Telephone

<b>SITUATIONAL</b>	<b>PER06</b>	<b>364</b>	<b>Communication Number</b> Complete communications number including country or area code when applicable	<b>X 1 AN</b>	<b>1/256</b>
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SYNTAX: P0506

SITUATIONAL RULE: *Required when additional communication numbers are available. If not required by this implementation guide, do not send.*

<b>SITUATIONAL</b>	<b>PER07</b>	<b>365</b>	<b>Communication Number Qualifier</b> Code identifying the type of communication number	<b>X 1 ID</b>	<b>2/2</b>
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SYNTAX: P0708

SITUATIONAL RULE: *Required when a value is being reported in the PER08 element. If not required by this implementation guide, do not send.*

CODE	DEFINITION
AP	Alternate Telephone
BN	Beeper Number
CP	Cellular Phone
EM	Electronic Mail
EX	Telephone Extension
FX	Facsimile
TE	Telephone

<b>SITUATIONAL</b>	<b>PER08</b>	<b>364</b>	<b>Communication Number</b> Complete communications number including country or area code when applicable	<b>X 1 AN</b>	<b>1/256</b>
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SYNTAX: P0708

SITUATIONAL RULE: *Required when additional communication numbers are available. If not required by this implementation guide, do not send.*

<b>NOT USED</b>	<b>PER09</b>	<b>443</b>	<b>Contact Inquiry Reference</b>	<b>O 1 AN</b>	<b>1/20</b>
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## SEGMENT DETAIL

# N3 - MEMBER EMPLOYER STREET ADDRESS

**X12 Segment Name:** Party Location

**X12 Purpose:** To specify the location of the named party

**Loop:** 2100D — MEMBER EMPLOYER

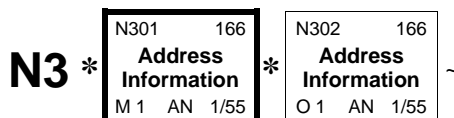
**Segment Repeat:** 1

**Usage:** SITUATIONAL

**Situational Rule:** Required when the member's employer is not the sponsor and the employer address is provided to the sponsor by the member. If not required by this implementation guide, do not send.

**TR3 Example:** N3\*50 ORCHARD STREET~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N301	166	Address Information Address information	M 1 AN 1/55
IMPLEMENTATION NAME: Member Employer Address Line				
SITUATIONAL	N302	166	Address Information Address information	O 1 AN 1/55
SITUATIONAL RULE: <i>Required if a second address line exists. If not required by this implementation guide, do not send.</i>				
IMPLEMENTATION NAME: Member Employer Address Line				

## SEGMENT DETAIL

**N4 - MEMBER EMPLOYER CITY, STATE, ZIP CODE****X12 Segment Name:** Geographic Location**X12 Purpose:** To specify the geographic place of the named party**X12 Syntax:** 1. **E0207**

Only one of N402 or N407 may be present.

2. **C0605**

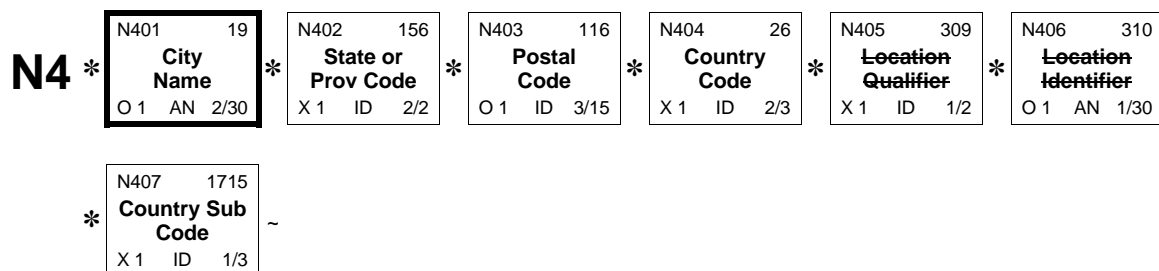
If N406 is present, then N405 is required.

3. **C0704**

If N407 is present, then N404 is required.

**Loop:** 2100D — MEMBER EMPLOYER**Segment Repeat:** 1**Usage:** REQUIRED**TR3 Example:** N4\*KANSAS CITY\*MO\*64108~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N401	19	<b>City Name</b> Free-form text for city name	O 1 AN 2/30
COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.				
IMPLEMENTATION NAME: Member Employer City Name				

<b>SITUATIONAL</b>	<b>N402</b>	<b>156</b>	<b>State or Province Code</b> <b>X 1 ID 2/2</b> Code (Standard State/Province) as defined by appropriate government agency SYNTAX: E0207 COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada. <b>SITUATIONAL RULE: <i>Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.</i></b> <b>IMPLEMENTATION NAME: Member Employer State Code</b> CODE SOURCE 22: States and Provinces
<b>SITUATIONAL</b>	<b>N403</b>	<b>116</b>	<b>Postal Code</b> <b>O 1 ID 3/15</b> Code defining international postal zone code excluding punctuation and blanks (zip code for United States) <b>SITUATIONAL RULE: <i>Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.</i></b> <b>IMPLEMENTATION NAME: Member Employer Postal Zone or ZIP Code</b> CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes
<b>SITUATIONAL</b>	<b>N404</b>	<b>26</b>	<b>Country Code</b> <b>X 1 ID 2/3</b> Code identifying the country SYNTAX: C0704 <b>SITUATIONAL RULE: <i>Required when the address is outside the United States of America. If not required by this implementation guide, do not send.</i></b> CODE SOURCE 5: Countries, Currencies and Funds <b>Use the alpha-2 country codes from Part 1 of ISO 3166.</b>
<b>NOT USED</b>	<b>N405</b>	<b>309</b>	<b>Location Qualifier</b> <b>X 1 ID 1/2</b>
<b>NOT USED</b>	<b>N406</b>	<b>310</b>	<b>Location Identifier</b> <b>O 1 AN 1/30</b>
<b>SITUATIONAL</b>	<b>N407</b>	<b>1715</b>	<b>Country Subdivision Code</b> <b>X 1 ID 1/3</b> Code identifying the country subdivision SYNTAX: E0207, C0704 <b>SITUATIONAL RULE: <i>Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.</i></b> CODE SOURCE 5: Countries, Currencies and Funds <b>Use the country subdivision codes from Part 2 of ISO 3166.</b>

## SEGMENT DETAIL

## NM1 - MEMBER SCHOOL

**X12 Segment Name:** Individual or Organizational Name**X12 Purpose:** To supply the full name of an individual or organizational entity**X12 Syntax:** 1. **P0809**

If either NM108 or NM109 is present, then the other is required.

2. **C1110**

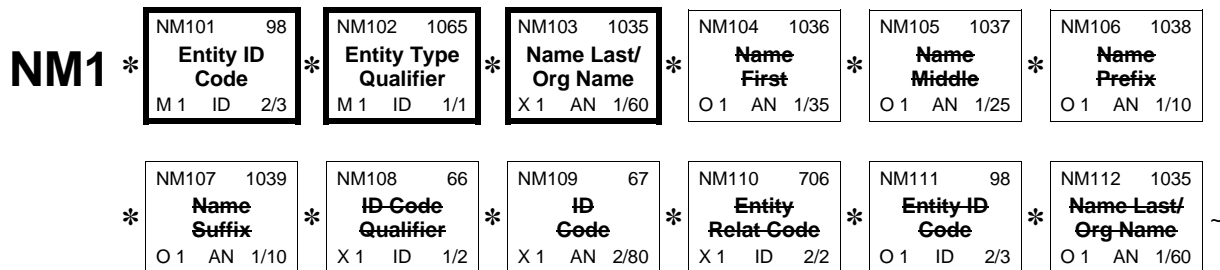
If NM111 is present, then NM110 is required.

3. **C1203**

If NM112 is present, then NM103 is required.

**Loop:** 2100E — MEMBER SCHOOL **Loop Repeat:** 3**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when the member is enrolled in school and the payer is required to be notified under the insurance contract between the sponsor and the payer. If not required by this implementation guide, do not send.**TR3 Example:** NM1\*M8\*2\*University of Utah~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES						
REQUIRED	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual	M 1	ID	2/3				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>M8</td><td>Educational Institution</td></tr></table>	CODE	DEFINITION	M8	Educational Institution			
CODE	DEFINITION									
M8	Educational Institution									
REQUIRED	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity  SEMANTIC: NM102 qualifies NM103.	M 1	ID	1/1				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>2</td><td>Non-Person Entity</td></tr></table>	CODE	DEFINITION	2	Non-Person Entity			
CODE	DEFINITION									
2	Non-Person Entity									



<b>REQUIRED</b>	<b>NM103</b>	<b>1035</b>	<b>Name Last or Organization Name</b> Individual last name or organizational name SYNTAX: C1203	<b>X 1</b>	<b>AN</b>	<b>1/60</b>
IMPLEMENTATION NAME: <b>School Name</b>						
<b>NOT USED</b>	<b>NM104</b>	<b>1036</b>	<b>Name First</b>	<b>O 1</b>	<b>AN</b>	<b>1/35</b>
<b>NOT USED</b>	<b>NM105</b>	<b>1037</b>	<b>Name Middle</b>	<b>O 1</b>	<b>AN</b>	<b>1/25</b>
<b>NOT USED</b>	<b>NM106</b>	<b>1038</b>	<b>Name Prefix</b>	<b>O 1</b>	<b>AN</b>	<b>1/10</b>
<b>NOT USED</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b>	<b>O 1</b>	<b>AN</b>	<b>1/10</b>
<b>NOT USED</b>	<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b>	<b>X 1</b>	<b>ID</b>	<b>1/2</b>
<b>NOT USED</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b>	<b>X 1</b>	<b>AN</b>	<b>2/80</b>
<b>NOT USED</b>	<b>NM110</b>	<b>706</b>	<b>Entity Relationship Code</b>	<b>X 1</b>	<b>ID</b>	<b>2/2</b>
<b>NOT USED</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O 1</b>	<b>ID</b>	<b>2/3</b>
<b>NOT USED</b>	<b>NM112</b>	<b>1035</b>	<b>Name Last or Organization Name</b>	<b>O 1</b>	<b>AN</b>	<b>1/60</b>

## SEGMENT DETAIL

**PER - MEMBER SCHOOL  
COMMUNICATIONS NUMBERS****X12 Segment Name:** Administrative Communications Contact**X12 Purpose:** To identify a person or office to whom administrative communications should be directed**X12 Syntax:** 1. **P0304**

If either PER03 or PER04 is present, then the other is required.

2. **P0506**

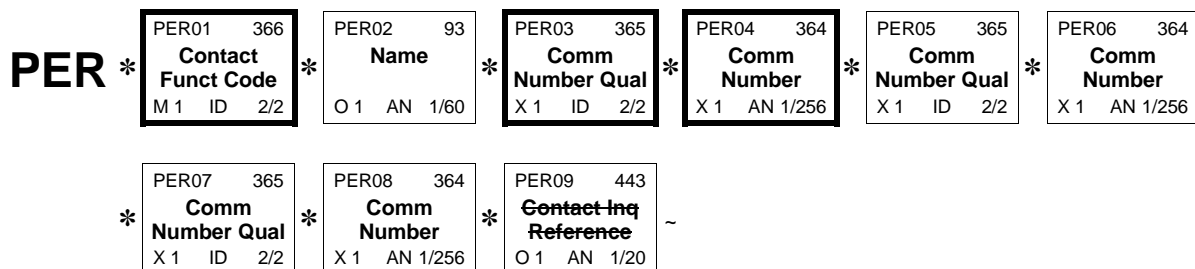
If either PER05 or PER06 is present, then the other is required.

3. **P0708**

If either PER07 or PER08 is present, then the other is required.

**Loop:** 2100E — MEMBER SCHOOL**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when the Member School contact information is provided to the sponsor. If not required by this implementation guide, do not send.**TR3 Notes:** 1. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number always includes the area code and phone number using the format AAABBBCCCC, where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525).**TR3 Example:** PER\*SK\*\*TE\*8001234567~

## DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	PER01	366	<b>Contact Function Code</b> Code identifying the major duty or responsibility of the person or group named	M 1 ID 2/2
			CODE	DEFINITION
			SK	School Clerk
SITUATIONAL	PER02	93	<b>Name</b> Free-form name	O 1 AN 1/60
			SITUATIONAL RULE: <i>Required if member school communication contact name is supplied by the member. If not required by this implementation guide, do not send.</i>	
			IMPLEMENTATION NAME: <b>Member School Communications Contact Name</b>	
REQUIRED	PER03	365	<b>Communication Number Qualifier</b> Code identifying the type of communication number SYNTAX: P0304	X 1 ID 2/2
			CODE	DEFINITION
			EM	Electronic Mail
			EX	Telephone Extension
			FX	Facsimile
			TE	Telephone
REQUIRED	PER04	364	<b>Communication Number</b> Complete communications number including country or area code when applicable SYNTAX: P0304	X 1 AN 1/256
SITUATIONAL	PER05	365	<b>Communication Number Qualifier</b> Code identifying the type of communication number SYNTAX: P0506	X 1 ID 2/2
			SITUATIONAL RULE: <i>Required when a value is being reported in the PER06 element. If not required by this implementation guide, do not send.</i>	
			CODE	DEFINITION
			EM	Electronic Mail
			EX	Telephone Extension
			FX	Facsimile
			TE	Telephone
SITUATIONAL	PER06	364	<b>Communication Number</b> Complete communications number including country or area code when applicable SYNTAX: P0506	X 1 AN 1/256
			SITUATIONAL RULE: <i>Required when additional communication numbers are available. If not required by this implementation guide, do not send.</i>	

SITUATIONAL	PER07	365	Communication Number Qualifier	X 1	ID	2/2										
Code identifying the type of communication number																
SYNTAX: P0708																
SITUATIONAL RULE: <i>Required when a value is being reported in the PER08 element. If not required by this implementation guide, do not send.</i>																
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>EM</td><td>Electronic Mail</td></tr><tr><td>EX</td><td>Telephone Extension</td></tr><tr><td>FX</td><td>Facsimile</td></tr><tr><td>TE</td><td>Telephone</td></tr></table>							CODE	DEFINITION	EM	Electronic Mail	EX	Telephone Extension	FX	Facsimile	TE	Telephone
CODE	DEFINITION															
EM	Electronic Mail															
EX	Telephone Extension															
FX	Facsimile															
TE	Telephone															
SITUATIONAL	PER08	364	Communication Number	X 1	AN	1/256										
Complete communications number including country or area code when applicable																
SYNTAX: P0708																
SITUATIONAL RULE: <i>Required when additional communication numbers are available. If not required by this implementation guide, do not send.</i>																
NOT USED	PER09	443	Contact Inquiry Reference	O 1	AN	1/20										

SEGMENT DETAIL

## N3 - MEMBER SCHOOL STREET ADDRESS

**X12 Segment Name:** Party Location

**X12 Purpose:** To specify the location of the named party

**Loop:** 2100E — MEMBER SCHOOL

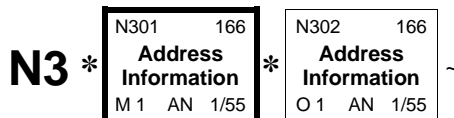
**Segment Repeat:** 1

**Usage:** SITUATIONAL

**Situational Rule:** Required when the member is enrolled in school and the school address is provided to the sponsor by the member. If not required by this implementation guide, do not send.

**TR3 Example:** N3\*P.O. Box 1234~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N301	166	Address Information Address information	M 1 AN 1/55
IMPLEMENTATION NAME: School Address Line				
SITUATIONAL	N302	166	Address Information Address information	O 1 AN 1/55
SITUATIONAL RULE: <i>Required if a second address line exists. If not required by this implementation guide, do not send.</i>				
IMPLEMENTATION NAME: School Address Line				

## SEGMENT DETAIL

**N4 - MEMBER SCHOOL CITY, STATE, ZIP CODE****X12 Segment Name:** Geographic Location**X12 Purpose:** To specify the geographic place of the named party**X12 Syntax:** 1. **E0207**

Only one of N402 or N407 may be present.

2. **C0605**

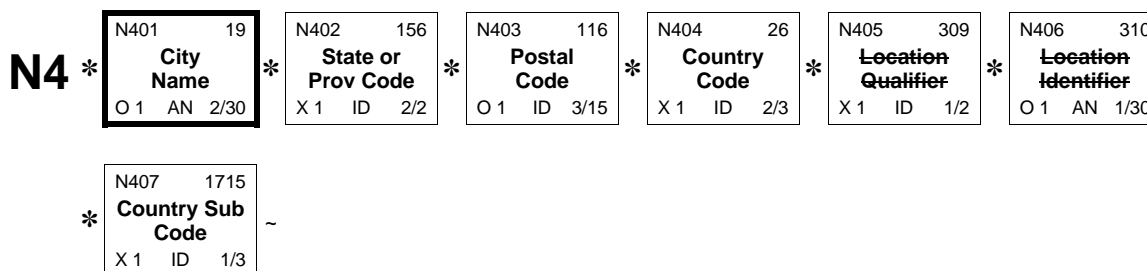
If N406 is present, then N405 is required.

3. **C0704**

If N407 is present, then N404 is required.

**Loop:** 2100E — MEMBER SCHOOL**Segment Repeat:** 1**Usage:** REQUIRED**TR3 Example:** N4\*KANSAS CITY\*MO\*64108~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N401	19	<b>City Name</b> Free-form text for city name	O 1 AN 2/30
COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.				
IMPLEMENTATION NAME: Member School City Name				

<b>SITUATIONAL</b>	<b>N402</b>	<b>156</b>	<b>State or Province Code</b> <b>X 1 ID 2/2</b> Code (Standard State/Province) as defined by appropriate government agency SYNTAX: E0207 COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada. <b>SITUATIONAL RULE: <i>Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.</i></b> <b>IMPLEMENTATION NAME: Member School State Code</b> CODE SOURCE 22: States and Provinces
<b>SITUATIONAL</b>	<b>N403</b>	<b>116</b>	<b>Postal Code</b> <b>O 1 ID 3/15</b> Code defining international postal zone code excluding punctuation and blanks (zip code for United States) <b>SITUATIONAL RULE: <i>Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.</i></b> <b>IMPLEMENTATION NAME: Member School Postal Zone or ZIP Code</b> CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes
<b>SITUATIONAL</b>	<b>N404</b>	<b>26</b>	<b>Country Code</b> <b>X 1 ID 2/3</b> Code identifying the country SYNTAX: C0704 <b>SITUATIONAL RULE: <i>Required when the address is outside the United States of America. If not required by this implementation guide, do not send.</i></b> CODE SOURCE 5: Countries, Currencies and Funds <b>Use the alpha-2 country codes from Part 1 of ISO 3166.</b>
<b>NOT USED</b>	<b>N405</b>	<b>309</b>	<b>Location Qualifier</b> <b>X 1 ID 1/2</b>
<b>NOT USED</b>	<b>N406</b>	<b>310</b>	<b>Location Identifier</b> <b>O 1 AN 1/30</b>
<b>SITUATIONAL</b>	<b>N407</b>	<b>1715</b>	<b>Country Subdivision Code</b> <b>X 1 ID 1/3</b> Code identifying the country subdivision SYNTAX: E0207, C0704 <b>SITUATIONAL RULE: <i>Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.</i></b> CODE SOURCE 5: Countries, Currencies and Funds <b>Use the country subdivision codes from Part 2 of ISO 3166.</b>

## SEGMENT DETAIL

## NM1 - CUSTODIAL PARENT

**X12 Segment Name:** Individual or Organizational Name**X12 Purpose:** To supply the full name of an individual or organizational entity**X12 Syntax:** 1. **P0809**

If either NM108 or NM109 is present, then the other is required.

2. **C1110**

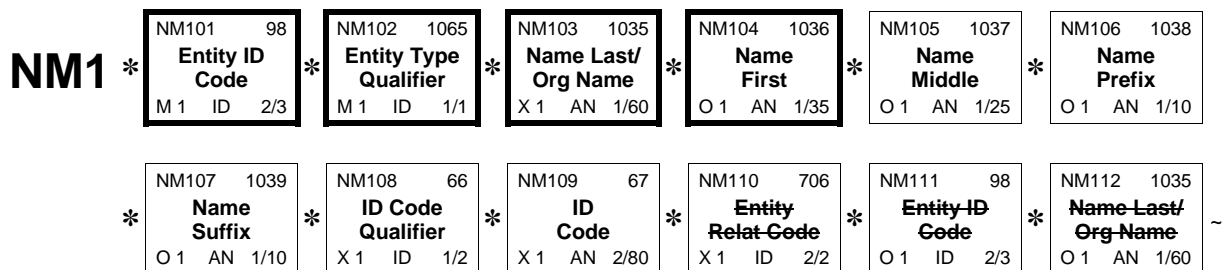
If NM111 is present, then NM110 is required.

3. **C1203**

If NM112 is present, then NM103 is required.

**Loop:** 2100F — CUSTODIAL PARENT **Loop Repeat:** 1**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when the custodial parent of a minor dependent is someone other than the subscriber. If not required by this implementation guide, do not send.**TR3 Notes:** 1. Any other situation, (examples: Guardianship, Legal Indemnity, Power of Attorney, and/or Separation Agreements) would be handled under the Responsible Party NM1 segment.**TR3 Example:** NM1\*S3\*1\*JONES\*MARY~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	M 1 ID 2/3
			CODE	DEFINITION
			S3	Custodial Parent



REQUIRED	NM102	1065	Entity Type Qualifier Code qualifying the type of entity  SEMANTIC: NM102 qualifies NM103.	M 1	ID	1/1
			CODE	DEFINITION		
			1	Person		
REQUIRED	NM103	1035	Name Last or Organization Name Individual last name or organizational name  SYNTAX: C1203	X 1	AN	1/60
			IMPLEMENTATION NAME: Custodial Parent Last Name			
REQUIRED	NM104	1036	Name First Individual first name	O 1	AN	1/35
			IMPLEMENTATION NAME: Custodial Parent First Name			
SITUATIONAL	NM105	1037	Name Middle Individual middle name or initial	O 1	AN	1/25
			SITUATIONAL RULE: <i>Required if supplied by member. If not required by this implementation guide, do not send.</i>			
			IMPLEMENTATION NAME: Custodial Parent Middle Name			
SITUATIONAL	NM106	1038	Name Prefix Prefix to individual name	O 1	AN	1/10
			SITUATIONAL RULE: <i>Required if supplied by member. If not required by this implementation guide, do not send.</i>			
			IMPLEMENTATION NAME: Custodial Parent Name Prefix			
SITUATIONAL	NM107	1039	Name Suffix Suffix to individual name	O 1	AN	1/10
			SITUATIONAL RULE: <i>Required if supplied by member. If not required by this implementation guide, do not send.</i>			
			IMPLEMENTATION NAME: Custodial Parent Name Suffix			
SITUATIONAL	NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67)  SYNTAX: P0809	X 1	ID	1/2
			SITUATIONAL RULE: <i>Required when a value is being reported in the NM109 element. If not required by this implementation guide, do not send.</i>			
			CODE	DEFINITION		
			34	Social Security Number		
				The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS/TRICARE.		
			ZZ	Mutually Defined		
				Value is required if National Individual Identifier is mandated for use. Otherwise, one of the other listed codes may be used.		

<b>SITUATIONAL</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code  SYNTAX: P0809  SITUATIONAL RULE: <i>Required when available, and allowed under confidentiality regulations. If not required by this implementation guide, do not send.</i>  IMPLEMENTATION NAME: <b>Custodial Parent Identifier</b>	<b>X 1</b>	<b>AN</b>	<b>2/80</b>
<b>NOT USED</b>	<b>NM110</b>	<b>706</b>	<b>Entity Relationship Code</b>	<b>X 1</b>	<b>ID</b>	<b>2/2</b>
<b>NOT USED</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O 1</b>	<b>ID</b>	<b>2/3</b>
<b>NOT USED</b>	<b>NM112</b>	<b>1035</b>	<b>Name Last or Organization Name</b>	<b>O 1</b>	<b>AN</b>	<b>1/60</b>

SEGMENT DETAIL

## PER - CUSTODIAL PARENT COMMUNICATIONS NUMBERS

**X12 Segment Name:** Administrative Communications Contact

**X12 Purpose:** To identify a person or office to whom administrative communications should be directed

**X12 Syntax:** 1. **P0304**

If either PER03 or PER04 is present, then the other is required.

2. **P0506**

If either PER05 or PER06 is present, then the other is required.

3. **P0708**

If either PER07 or PER08 is present, then the other is required.

**Loop:** 2100F — CUSTODIAL PARENT

**Segment Repeat:** 1

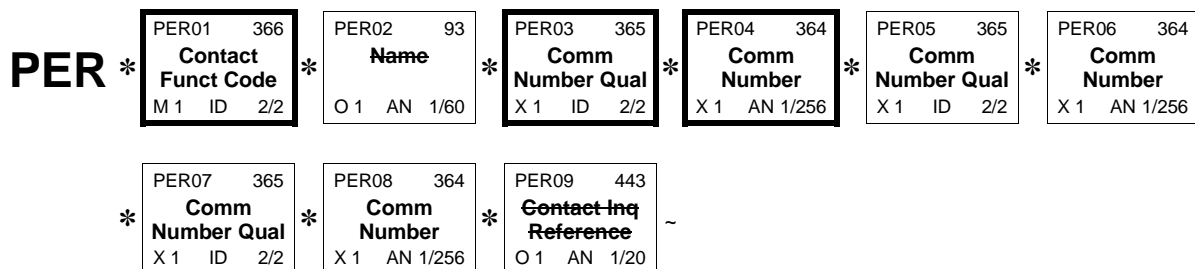
**Usage:** SITUATIONAL

**Situational Rule:** Required when the Custodial Parent contact information is provided to the sponsor. If not required by this implementation guide, do not send.

**TR3 Notes:** 1. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number always includes the area code and phone number using the format AAABBBCCCC, where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525).

**TR3 Example:** PER\*PQ\*\*TE\*8001234567~

DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES																						
REQUIRED	PER01	366	<b>Contact Function Code</b> Code identifying the major duty or responsibility of the person or group named	M 1	ID	2/2																				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>PQ</td><td>Parent or Guardian</td></tr></table>	CODE	DEFINITION	PQ	Parent or Guardian																			
CODE	DEFINITION																									
PQ	Parent or Guardian																									
NOT USED	PER02	93	<b>Name</b>	O 1	AN	1/60																				
REQUIRED	PER03	365	<b>Communication Number Qualifier</b> Code identifying the type of communication number  SYNTAX: P0304	X 1	ID	2/2																				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>AP</td><td>Alternate Telephone</td></tr><tr><td>BN</td><td>Beeper Number</td></tr><tr><td>CP</td><td>Cellular Phone</td></tr><tr><td>EM</td><td>Electronic Mail</td></tr><tr><td>EX</td><td>Telephone Extension</td></tr><tr><td>FX</td><td>Facsimile</td></tr><tr><td>HP</td><td>Home Phone Number</td></tr><tr><td>TE</td><td>Telephone</td></tr><tr><td>WP</td><td>Work Phone Number</td></tr></table>	CODE	DEFINITION	AP	Alternate Telephone	BN	Beeper Number	CP	Cellular Phone	EM	Electronic Mail	EX	Telephone Extension	FX	Facsimile	HP	Home Phone Number	TE	Telephone	WP	Work Phone Number			
CODE	DEFINITION																									
AP	Alternate Telephone																									
BN	Beeper Number																									
CP	Cellular Phone																									
EM	Electronic Mail																									
EX	Telephone Extension																									
FX	Facsimile																									
HP	Home Phone Number																									
TE	Telephone																									
WP	Work Phone Number																									
REQUIRED	PER04	364	<b>Communication Number</b> Complete communications number including country or area code when applicable  SYNTAX: P0304	X 1	AN	1/256																				
SITUATIONAL	PER05	365	<b>Communication Number Qualifier</b> Code identifying the type of communication number  SYNTAX: P0506  SITUATIONAL RULE: <i>Required when a value is being reported in the PER06 element. If not required by this implementation guide, do not send.</i>	X 1	ID	2/2																				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>AP</td><td>Alternate Telephone</td></tr><tr><td>BN</td><td>Beeper Number</td></tr><tr><td>CP</td><td>Cellular Phone</td></tr><tr><td>EM</td><td>Electronic Mail</td></tr><tr><td>EX</td><td>Telephone Extension</td></tr><tr><td>FX</td><td>Facsimile</td></tr><tr><td>HP</td><td>Home Phone Number</td></tr><tr><td>TE</td><td>Telephone</td></tr><tr><td>WP</td><td>Work Phone Number</td></tr></table>	CODE	DEFINITION	AP	Alternate Telephone	BN	Beeper Number	CP	Cellular Phone	EM	Electronic Mail	EX	Telephone Extension	FX	Facsimile	HP	Home Phone Number	TE	Telephone	WP	Work Phone Number			
CODE	DEFINITION																									
AP	Alternate Telephone																									
BN	Beeper Number																									
CP	Cellular Phone																									
EM	Electronic Mail																									
EX	Telephone Extension																									
FX	Facsimile																									
HP	Home Phone Number																									
TE	Telephone																									
WP	Work Phone Number																									

<b>SITUATIONAL</b>	<b>PER06</b>	<b>364</b>	<b>Communication Number</b>	<b>X 1 AN 1/256</b>
			Complete communications number including country or area code when applicable	

SYNTAX: P0506

**SITUATIONAL RULE:** *Required when additional communication numbers are available. If not required by this implementation guide, do not send.*

<b>SITUATIONAL</b>	<b>PER07</b>	<b>365</b>	<b>Communication Number Qualifier</b>	<b>X 1 ID 2/2</b>
			Code identifying the type of communication number	

SYNTAX: P0708

**SITUATIONAL RULE:** *Required when a value is being reported in the PER08 element. If not required by this implementation guide, do not send.*

CODE	DEFINITION
AP	Alternate Telephone
BN	Beeper Number
CP	Cellular Phone
EM	Electronic Mail
EX	Telephone Extension
HP	Home Phone Number
TE	Telephone
WP	Work Phone Number

<b>SITUATIONAL</b>	<b>PER08</b>	<b>364</b>	<b>Communication Number</b>	<b>X 1 AN 1/256</b>
			Complete communications number including country or area code when applicable	

SYNTAX: P0708

**SITUATIONAL RULE:** *Required when additional communication numbers are available. If not required by this implementation guide, do not send.*

<b>NOT USED</b>	<b>PER09</b>	<b>443</b>	<b>Contact Inquiry Reference</b>	<b>O 1 AN 1/20</b>
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SEGMENT DETAIL

## N3 - CUSTODIAL PARENT STREET ADDRESS

**X12 Segment Name:** Party Location

**X12 Purpose:** To specify the location of the named party

**Loop:** 2100F — CUSTODIAL PARENT

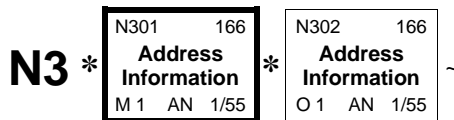
**Segment Repeat:** 1

**Usage:** SITUATIONAL

**Situational Rule:** Required when the custodial parent of a minor dependent is someone other than the subscriber and the information is provided to the sponsor. If not required by this implementation guide, do not send.

**TR3 Example:** N3\*50 ORCHARD STREET~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N301	166	Address Information Address information	M 1 AN 1/55
IMPLEMENTATION NAME: Custodial Parent Address Line				
SITUATIONAL	N302	166	Address Information Address information	O 1 AN 1/55
SITUATIONAL RULE: <i>Required if a second address line exists. If not required by this implementation guide, do not send.</i>				
IMPLEMENTATION NAME: Custodial Parent Address Line				

## SEGMENT DETAIL

# N4 - CUSTODIAL PARENT CITY, STATE, ZIP CODE

**X12 Segment Name:** Geographic Location

**X12 Purpose:** To specify the geographic place of the named party

**X12 Syntax:** 1. **E0207**

Only one of N402 or N407 may be present.

2. **C0605**

If N406 is present, then N405 is required.

3. **C0704**

If N407 is present, then N404 is required.

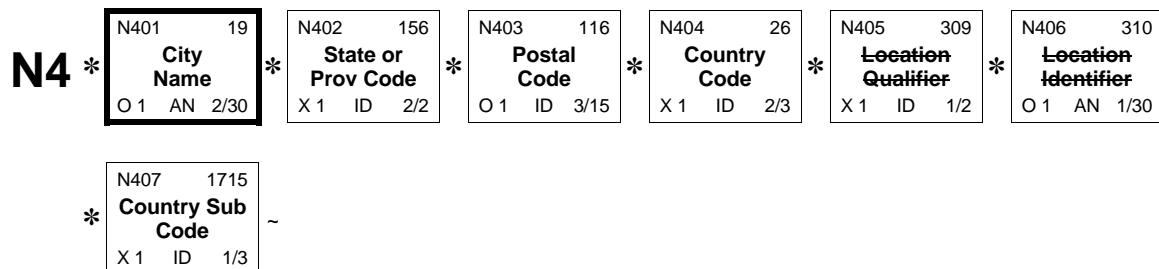
**Loop:** 2100F — CUSTODIAL PARENT

**Segment Repeat:** 1

**Usage:** REQUIRED

**TR3 Example:** N4\*KANSAS CITY\*MO\*64108~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N401	19	<b>City Name</b> Free-form text for city name	O 1 AN 2/30
COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.				
IMPLEMENTATION NAME: Custodial Parent City Name				

SITUATIONAL	N402	156	<b>State or Province Code</b> Code (Standard State/Province) as defined by appropriate government agency SYNTAX: E0207 COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada. SITUATIONAL RULE: <i>Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Custodial Parent State Code CODE SOURCE 22: States and Provinces	X 1	ID	2/2
SITUATIONAL	N403	116	<b>Postal Code</b> Code defining international postal zone code excluding punctuation and blanks (zip code for United States) SITUATIONAL RULE: <i>Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Custodial Parent Postal Zone or ZIP Code CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes	O 1	ID	3/15
SITUATIONAL	N404	26	<b>Country Code</b> Code identifying the country SYNTAX: C0704 SITUATIONAL RULE: <i>Required when the address is outside the United States of America. If not required by this implementation guide, do not send.</i> CODE SOURCE 5: Countries, Currencies and Funds Use the alpha-2 country codes from Part 1 of ISO 3166.	X 1	ID	2/3
NOT USED	N405	309	<b>Location Qualifier</b>	X 1	ID	1/2
NOT USED	N406	310	<b>Location Identifier</b>	O 1	AN	1/30
SITUATIONAL	N407	1715	<b>Country Subdivision Code</b> Code identifying the country subdivision SYNTAX: E0207, C0704 SITUATIONAL RULE: <i>Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.</i> CODE SOURCE 5: Countries, Currencies and Funds Use the country subdivision codes from Part 2 of ISO 3166.	X 1	ID	1/3



## SEGMENT DETAIL

## NM1 - RESPONSIBLE PERSON

**X12 Segment Name:** Individual or Organizational Name**X12 Purpose:** To supply the full name of an individual or organizational entity**X12 Syntax:** 1. **P0809**

If either NM108 or NM109 is present, then the other is required.

2. **C1110**

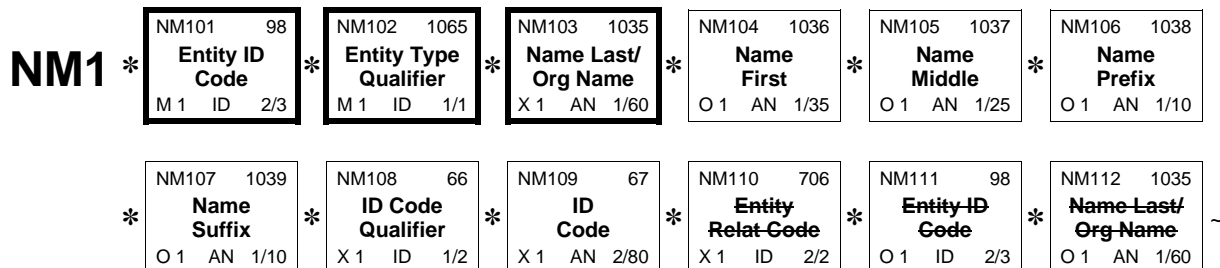
If NM111 is present, then NM110 is required.

3. **C1203**

If NM112 is present, then NM103 is required.

**Loop:** 2100G — RESPONSIBLE PERSON **Loop Repeat:** 13**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required to identify the person(s), other than the subscriber, who are responsible for the member. If not required by this implementation guide, do not send.**TR3 Example:** NM1\*QD\*1\*CASE\*JOHN~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES										
REQUIRED	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual	M 1	ID	2/3								
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>6Y</td><td>Case Manager</td></tr><tr><td>9K</td><td>Key Person</td></tr><tr><td>E1</td><td>Person or Other Entity Legally Responsible for a Child</td></tr></table>	CODE	DEFINITION	6Y	Case Manager	9K	Key Person	E1	Person or Other Entity Legally Responsible for a Child			
CODE	DEFINITION													
6Y	Case Manager													
9K	Key Person													
E1	Person or Other Entity Legally Responsible for a Child													
			Used to identify a legal indemnity situation.											
			This code is used when a Qualified Medical Child Support Order (QMSCO) is present.											

			<b>EI</b>	<b>Executor of Estate</b>			
				This is used when the subscriber is deceased and the executor/responsible party is other than a surviving spouse.			
			<b>EXS</b>	<b>Ex-spouse</b>			
				This is used to identify a separated spouse under a separation agreement, or that the member is the divorced spouse and self responsible. This is NOT USED to identify the custodial parent for dependent children after a divorce.			
			<b>GB</b>	<b>Other Insured</b>			
			<b>GD</b>	<b>Guardian</b>			
			<b>J6</b>	<b>Power of Attorney</b>			
			<b>LR</b>	<b>Legal Representative</b>			
			<b>QD</b>	<b>Responsible Party</b>			
			<b>S1</b>	<b>Parent</b>			
			<b>TZ</b>	<b>Significant Other</b>			
			<b>X4</b>	<b>Spouse</b>			
<b>REQUIRED</b>	<b>NM102</b>	<b>1065</b>	<b>Entity Type Qualifier</b>		<b>M 1</b>	<b>ID</b>	<b>1/1</b>
			Code qualifying the type of entity				
			SEMANTIC: NM102 qualifies NM103.				
			<b>CODE</b>	<b>DEFINITION</b>			
			<b>1</b>	<b>Person</b>			
<b>REQUIRED</b>	<b>NM103</b>	<b>1035</b>	<b>Name Last or Organization Name</b>		<b>X 1</b>	<b>AN</b>	<b>1/60</b>
			Individual last name or organizational name				
			SYNTAX: C1203				
			<b>IMPLEMENTATION NAME: Responsible Party Last or Organization Name</b>				
<b>SITUATIONAL</b>	<b>NM104</b>	<b>1036</b>	<b>Name First</b>		<b>O 1</b>	<b>AN</b>	<b>1/35</b>
			Individual first name				
			SITUATIONAL RULE: <i>Required when NM102 is equal to "1" (person) and the person has a first name. If not required by this implementation guide, do not send.</i>				
			<b>IMPLEMENTATION NAME: Responsible Party First Name</b>				
<b>SITUATIONAL</b>	<b>NM105</b>	<b>1037</b>	<b>Name Middle</b>		<b>O 1</b>	<b>AN</b>	<b>1/25</b>
			Individual middle name or initial				
			SITUATIONAL RULE: <i>Required if supplied by member. If not required by this implementation guide, do not send.</i>				
			<b>IMPLEMENTATION NAME: Responsible Party Middle Name</b>				
<b>SITUATIONAL</b>	<b>NM106</b>	<b>1038</b>	<b>Name Prefix</b>		<b>O 1</b>	<b>AN</b>	<b>1/10</b>
			Prefix to individual name				
			SITUATIONAL RULE: <i>Required if supplied by member. If not required by this implementation guide, do not send.</i>				
			<b>IMPLEMENTATION NAME: Responsible Party Name Prefix</b>				

SITUATIONAL	NM107	1039	Name Suffix Suffix to individual name	O 1	AN	1/10						
SITUATIONAL RULE: <i>Required if supplied by member. If not required by this implementation guide, do not send.</i>												
IMPLEMENTATION NAME: Responsible Party Suffix Name												
SITUATIONAL	NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67)  SYNTAX: P0809	X 1	ID	1/2						
SITUATIONAL RULE: <i>Required when a value is being reported in the NM109 element. If not required by this implementation guide, do not send.</i>												
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>34</td><td>Social Security Number The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS/TRICARE.</td></tr><tr><td>ZZ</td><td>Mutually Defined Value is required if National Individual Identifier is mandated for use. Otherwise, one of the other listed codes may be used.</td></tr></table>							CODE	DEFINITION	34	Social Security Number The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS/TRICARE.	ZZ	Mutually Defined Value is required if National Individual Identifier is mandated for use. Otherwise, one of the other listed codes may be used.
CODE	DEFINITION											
34	Social Security Number The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS/TRICARE.											
ZZ	Mutually Defined Value is required if National Individual Identifier is mandated for use. Otherwise, one of the other listed codes may be used.											
SITUATIONAL	NM109	67	Identification Code Code identifying a party or other code  SYNTAX: P0809	X 1	AN	2/80						
SITUATIONAL RULE: <i>Required when available, and allowed under confidentiality regulations. If not required by this implementation guide, do not send.</i>												
IMPLEMENTATION NAME: Responsible Party Identifier												
NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2						
NOT USED	NM111	98	Entity Identifier Code	O 1	ID	2/3						
NOT USED	NM112	1035	Name Last or Organization Name	O 1	AN	1/60						

## SEGMENT DETAIL

**PER - RESPONSIBLE PERSON  
COMMUNICATIONS NUMBERS****X12 Segment Name:** Administrative Communications Contact**X12 Purpose:** To identify a person or office to whom administrative communications should be directed**X12 Syntax:** 1. **P0304**

If either PER03 or PER04 is present, then the other is required.

2. **P0506**

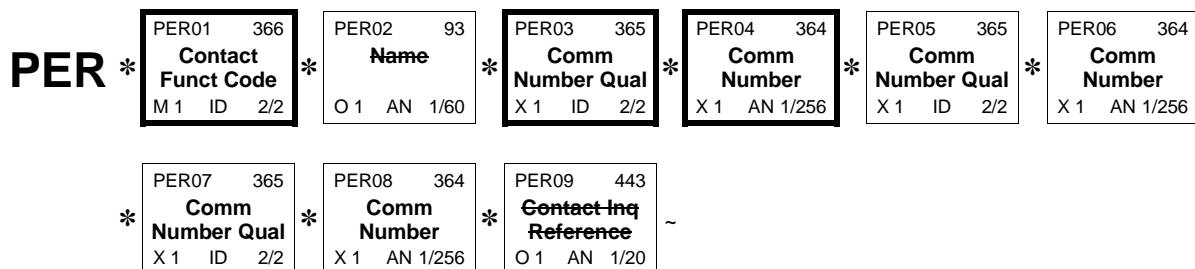
If either PER05 or PER06 is present, then the other is required.

3. **P0708**

If either PER07 or PER08 is present, then the other is required.

**Loop:** 2100G — RESPONSIBLE PERSON**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when the Responsible Person contact information is provided to the sponsor. If not required by this implementation guide, do not send.**TR3 Notes:** 1. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number always includes the area code and phone number using the format AAABBBCCCC, where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525).**TR3 Example:** PER\*RP\*\*HP\*8015554321~

## DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	PER01	366	<b>Contact Function Code</b> Code identifying the major duty or responsibility of the person or group named	M 1 ID 2/2
			CODE	DEFINITION
			RP	Responsible Person
NOT USED	PER02	93	<b>Name</b>	O 1 AN 1/60
REQUIRED	PER03	365	<b>Communication Number Qualifier</b> Code identifying the type of communication number SYNTAX: P0304	X 1 ID 2/2
			CODE	DEFINITION
			AP	Alternate Telephone
			BN	Beeper Number
			CP	Cellular Phone
			EM	Electronic Mail
			EX	Telephone Extension
			FX	Facsimile
			HP	Home Phone Number
			TE	Telephone
			WP	Work Phone Number
REQUIRED	PER04	364	<b>Communication Number</b> Complete communications number including country or area code when applicable SYNTAX: P0304	X 1 AN 1/256
SITUATIONAL	PER05	365	<b>Communication Number Qualifier</b> Code identifying the type of communication number SYNTAX: P0506 <b>SITUATIONAL RULE: <i>Required when a value is being reported in the PER06 element. If not required by this implementation guide, do not send.</i></b>	X 1 ID 2/2
			CODE	DEFINITION
			AP	Alternate Telephone
			BN	Beeper Number
			CP	Cellular Phone
			EM	Electronic Mail
			EX	Telephone Extension
			FX	Facsimile
			HP	Home Phone Number
			TE	Telephone
			WP	Work Phone Number

<b>SITUATIONAL</b>	<b>PER06</b>	<b>364</b>	<b>Communication Number</b>	<b>X 1 AN 1/256</b>
Complete communications number including country or area code when applicable				

SYNTAX: P0506

SITUATIONAL RULE: *Required when additional communication numbers are available. If not required by this implementation guide, do not send.*

<b>SITUATIONAL</b>	<b>PER07</b>	<b>365</b>	<b>Communication Number Qualifier</b>	<b>X 1 ID 2/2</b>
Code identifying the type of communication number				

SYNTAX: P0708

SITUATIONAL RULE: *Required when a value is being reported in the PER08 element. If not required by this implementation guide, do not send.*

CODE	DEFINITION
AP	Alternate Telephone
BN	Beeper Number
CP	Cellular Phone
EM	Electronic Mail
EX	Telephone Extension
FX	Facsimile
HP	Home Phone Number
TE	Telephone
WP	Work Phone Number

<b>SITUATIONAL</b>	<b>PER08</b>	<b>364</b>	<b>Communication Number</b>	<b>X 1 AN 1/256</b>
Complete communications number including country or area code when applicable				

SYNTAX: P0708

SITUATIONAL RULE: *Required when additional communication numbers are available. If not required by this implementation guide, do not send.*

<b>NOT USED</b>	<b>PER09</b>	<b>443</b>	<b>Contact Inquiry Reference</b>	<b>O 1 AN 1/20</b>
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SEGMENT DETAIL

## N3 - RESPONSIBLE PERSON STREET ADDRESS

**X12 Segment Name:** Party Location

**X12 Purpose:** To specify the location of the named party

**Loop:** 2100G — RESPONSIBLE PERSON

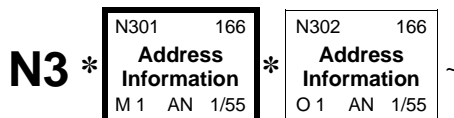
**Segment Repeat:** 1

**Usage:** SITUATIONAL

**Situational Rule:** Required when there is a person other than the subscriber who is responsible for the member and the responsible person's address is provided to the sponsor. If not required by this implementation guide, do not send.

**TR3 Example:** N3\*50 ORCHARD STREET~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N301	166	Address Information Address information	M 1 AN 1/55
IMPLEMENTATION NAME: Responsible Party Address Line				
SITUATIONAL	N302	166	Address Information Address information	O 1 AN 1/55
SITUATIONAL RULE: <i>Required if a second address line exists. If not required by this implementation guide, do not send.</i>				
IMPLEMENTATION NAME: Responsible Party Address Line				

## SEGMENT DETAIL

# N4 - RESPONSIBLE PERSON CITY, STATE, ZIP CODE

**X12 Segment Name:** Geographic Location

**X12 Purpose:** To specify the geographic place of the named party

**X12 Syntax:** 1. **E0207**

Only one of N402 or N407 may be present.

2. **C0605**

If N406 is present, then N405 is required.

3. **C0704**

If N407 is present, then N404 is required.

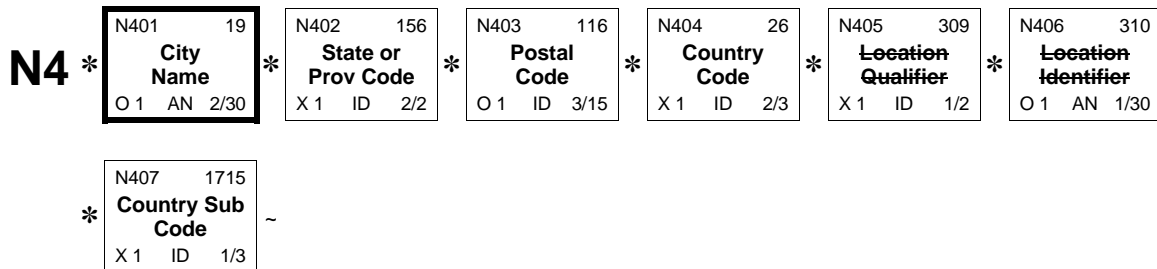
**Loop:** 2100G — RESPONSIBLE PERSON

**Segment Repeat:** 1

**Usage:** REQUIRED

**TR3 Example:** N4\*KANSAS CITY\*MO\*64108~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N401	19	<b>City Name</b> Free-form text for city name	O 1 AN 2/30
COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.				
IMPLEMENTATION NAME: Responsible Person City Name				



<b>SITUATIONAL</b>	<b>N402</b>	<b>156</b>	<b>State or Province Code</b> <span style="float: right;"><b>X 1 ID 2/2</b></span> Code (Standard State/Province) as defined by appropriate government agency SYNTAX: E0207 COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada. <b>SITUATIONAL RULE: <i>Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.</i></b> <b>IMPLEMENTATION NAME: Responsible Person State Code</b> CODE SOURCE 22: States and Provinces
<b>SITUATIONAL</b>	<b>N403</b>	<b>116</b>	<b>Postal Code</b> <span style="float: right;"><b>O 1 ID 3/15</b></span> Code defining international postal zone code excluding punctuation and blanks (zip code for United States) <b>SITUATIONAL RULE: <i>Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.</i></b> <b>IMPLEMENTATION NAME: Responsible Person Postal Zone or ZIP Code</b> CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes
<b>SITUATIONAL</b>	<b>N404</b>	<b>26</b>	<b>Country Code</b> <span style="float: right;"><b>X 1 ID 2/3</b></span> Code identifying the country SYNTAX: C0704 <b>SITUATIONAL RULE: <i>Required when the address is outside the United States of America. If not required by this implementation guide, do not send.</i></b> CODE SOURCE 5: Countries, Currencies and Funds <b>Use the alpha-2 country codes from Part 1 of ISO 3166.</b>
<b>NOT USED</b>	<b>N405</b>	<b>309</b>	<b>Location Qualifier</b> <span style="float: right;"><b>X 1 ID 1/2</b></span>
<b>NOT USED</b>	<b>N406</b>	<b>310</b>	<b>Location Identifier</b> <span style="float: right;"><b>O 1 AN 1/30</b></span>
<b>SITUATIONAL</b>	<b>N407</b>	<b>1715</b>	<b>Country Subdivision Code</b> <span style="float: right;"><b>X 1 ID 1/3</b></span> Code identifying the country subdivision SYNTAX: E0207, C0704 <b>SITUATIONAL RULE: <i>Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.</i></b> CODE SOURCE 5: Countries, Currencies and Funds <b>Use the country subdivision codes from Part 2 of ISO 3166.</b>

## SEGMENT DETAIL

## NM1 - DROP OFF LOCATION

**X12 Segment Name:** Individual or Organizational Name**X12 Purpose:** To supply the full name of an individual or organizational entity**X12 Syntax:** 1. **P0809**

If either NM108 or NM109 is present, then the other is required.

2. **C1110**

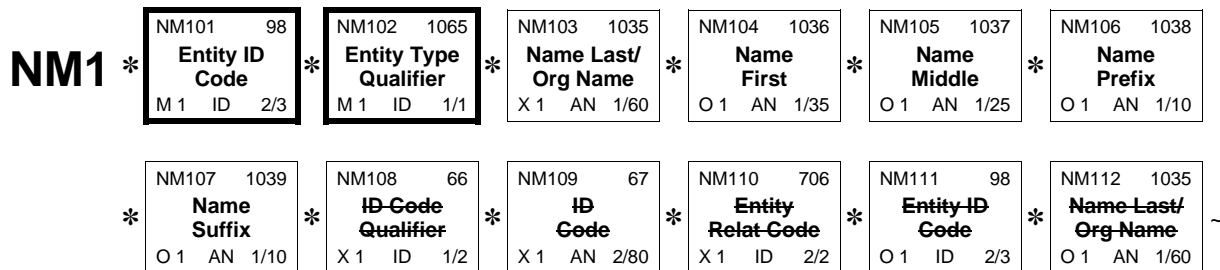
If NM111 is present, then NM110 is required.

3. **C1203**

If NM112 is present, then NM103 is required.

**Loop:** 2100H — DROP OFF LOCATION **Loop Repeat:** 1**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when member has requested shipments to be sent to an address other than their residence or mailing. If not required by this implementation guide, do not send.**TR3 Example:** NM1\*45\*1\*CASE\*JOHN~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES						
REQUIRED	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual	M 1	ID	2/3				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>45</td><td><b>Drop-off Location</b></td></tr></table>	CODE	DEFINITION	45	<b>Drop-off Location</b>			
CODE	DEFINITION									
45	<b>Drop-off Location</b>									
REQUIRED	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity  SEMANTIC: NM102 qualifies NM103.	M 1	ID	1/1				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>1</td><td><b>Person</b></td></tr></table>	CODE	DEFINITION	1	<b>Person</b>			
CODE	DEFINITION									
1	<b>Person</b>									

<b>SITUATIONAL</b>	<b>NM103</b>	<b>1035</b>	<b>Name Last or Organization Name</b> Individual last name or organizational name  SYNTAX: C1203  <b>SITUATIONAL RULE: <i>Required if supplied by the member. If not required by this implementation guide, do not send.</i></b>	<b>X 1</b>	<b>AN</b>	<b>1/60</b>
<b>SITUATIONAL</b>	<b>NM104</b>	<b>1036</b>	<b>Name First</b> Individual first name  <b>SITUATIONAL RULE: <i>Required if supplied by the member. If not required by this implementation guide, do not send.</i></b>	<b>O 1</b>	<b>AN</b>	<b>1/35</b>
<b>SITUATIONAL</b>	<b>NM105</b>	<b>1037</b>	<b>Name Middle</b> Individual middle name or initial  <b>SITUATIONAL RULE: <i>Required if supplied by the member. If not required by this implementation guide, do not send.</i></b>	<b>O 1</b>	<b>AN</b>	<b>1/25</b>
<b>SITUATIONAL</b>	<b>NM106</b>	<b>1038</b>	<b>Name Prefix</b> Prefix to individual name  <b>SITUATIONAL RULE: <i>Required if supplied by the member. If not required by this implementation guide, do not send.</i></b>	<b>O 1</b>	<b>AN</b>	<b>1/10</b>
<b>SITUATIONAL</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b> Suffix to individual name  <b>SITUATIONAL RULE: <i>Required if supplied by the member. If not required by this implementation guide, do not send.</i></b>	<b>O 1</b>	<b>AN</b>	<b>1/10</b>
<b>NOT USED</b>	<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b>	<b>X 1</b>	<b>ID</b>	<b>1/2</b>
<b>NOT USED</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b>	<b>X 1</b>	<b>AN</b>	<b>2/80</b>
<b>NOT USED</b>	<b>NM110</b>	<b>706</b>	<b>Entity Relationship Code</b>	<b>X 1</b>	<b>ID</b>	<b>2/2</b>
<b>NOT USED</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O 1</b>	<b>ID</b>	<b>2/3</b>
<b>NOT USED</b>	<b>NM112</b>	<b>1035</b>	<b>Name Last or Organization Name</b>	<b>O 1</b>	<b>AN</b>	<b>1/60</b>

SEGMENT DETAIL

## N3 - DROP OFF LOCATION STREET ADDRESS

**X12 Segment Name:** Party Location

**X12 Purpose:** To specify the location of the named party

**Loop:** 2100H — DROP OFF LOCATION

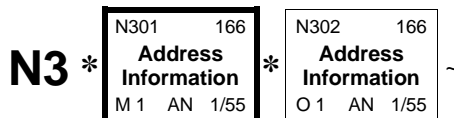
**Segment Repeat:** 1

**Usage:** SITUATIONAL

**Situational Rule:** Required when member has requested shipments to be sent to an address other than their residence or mailing. If not required by this implementation guide, do not send.

**TR3 Example:** N3\*50 ORCHARD STREET~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N301	166	Address Information Address information	M 1 AN 1/55
IMPLEMENTATION NAME: Drop Off Location Address Line				
SITUATIONAL	N302	166	Address Information Address information	O 1 AN 1/55
SITUATIONAL RULE: <i>Required if a second address line exists. If not required by this implementation guide, do not send.</i>				
IMPLEMENTATION NAME: Drop Off Location Address Line				

## SEGMENT DETAIL

# N4 - DROP OFF LOCATION CITY, STATE, ZIP CODE

**X12 Segment Name:** Geographic Location

**X12 Purpose:** To specify the geographic place of the named party

**X12 Syntax:** 1. **E0207**

Only one of N402 or N407 may be present.

2. **C0605**

If N406 is present, then N405 is required.

3. **C0704**

If N407 is present, then N404 is required.

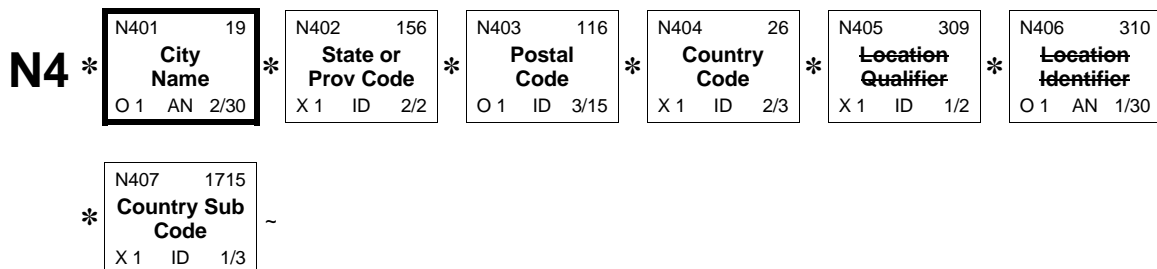
**Loop:** 2100H — DROP OFF LOCATION

**Segment Repeat:** 1

**Usage:** REQUIRED

**TR3 Example:** N4\*KANSAS CITY\*MO\*64108~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N401	19	<b>City Name</b> Free-form text for city name	O 1 AN 2/30
COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.				
IMPLEMENTATION NAME: Drop Off Location City Name				

<b>SITUATIONAL</b>	<b>N402</b>	<b>156</b>	<b>State or Province Code</b> <span style="float: right;">X 1 ID 2/2</span> Code (Standard State/Province) as defined by appropriate government agency SYNTAX: E0207 COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada. <b>SITUATIONAL RULE: <i>Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.</i></b> <b>IMPLEMENTATION NAME: Drop Off Location State Code</b> CODE SOURCE 22: States and Provinces
<b>SITUATIONAL</b>	<b>N403</b>	<b>116</b>	<b>Postal Code</b> <span style="float: right;">O 1 ID 3/15</span> Code defining international postal zone code excluding punctuation and blanks (zip code for United States) <b>SITUATIONAL RULE: <i>Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.</i></b> <b>IMPLEMENTATION NAME: Drop Off Location Postal Zone or ZIP Code</b> CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes
<b>SITUATIONAL</b>	<b>N404</b>	<b>26</b>	<b>Country Code</b> <span style="float: right;">X 1 ID 2/3</span> Code identifying the country SYNTAX: C0704 <b>SITUATIONAL RULE: <i>Required when the address is outside the United States of America. If not required by this implementation guide, do not send.</i></b> CODE SOURCE 5: Countries, Currencies and Funds <b>Use the alpha-2 country codes from Part 1 of ISO 3166.</b>
<b>NOT USED</b>	<b>N405</b>	<b>309</b>	<b>Location Qualifier</b> <span style="float: right;">X 1 ID 1/2</span>
<b>NOT USED</b>	<b>N406</b>	<b>310</b>	<b>Location Identifier</b> <span style="float: right;">O 1 AN 1/30</span>
<b>SITUATIONAL</b>	<b>N407</b>	<b>1715</b>	<b>Country Subdivision Code</b> <span style="float: right;">X 1 ID 1/3</span> Code identifying the country subdivision SYNTAX: E0207, C0704 <b>SITUATIONAL RULE: <i>Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.</i></b> CODE SOURCE 5: Countries, Currencies and Funds <b>Use the country subdivision codes from Part 2 of ISO 3166.</b>

SEGMENT DETAIL

## DSB - DISABILITY INFORMATION

**X12 Segment Name:** Disability Information

**X12 Purpose:** To supply disability information

**X12 Syntax:** 1. P0708

If either DSB07 or DSB08 is present, then the other is required.

**Loop:** 2200 — DISABILITY INFORMATION **Loop Repeat:** >1

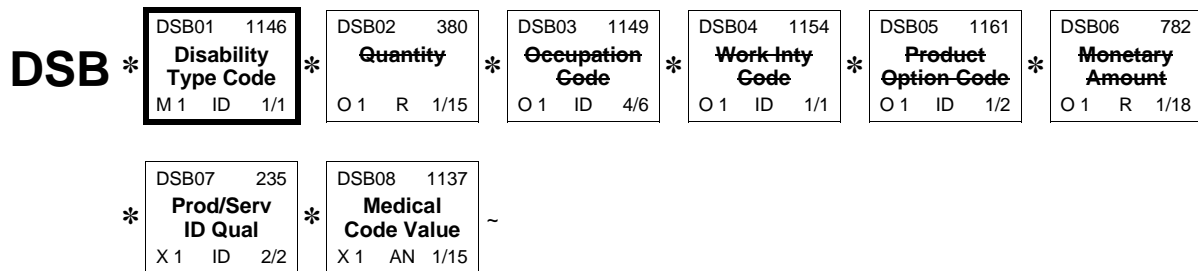
**Segment Repeat:** 1

**Usage:** SITUATIONAL

**Situational Rule:** Required when enrolling a disabled member or when disability information about an existing member is added or changed. If not required by this implementation guide, do not send.

**TR3 Example:** DSB\*2\*\*\*\*\*DX\*585~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	DSB01	1146	<b>Disability Type Code</b> Code identifying the disability status of the individual	M 1	ID	1/1
			CODE	DEFINITION		
			1	Short Term Disability		
			2	Long Term Disability		
			3	Permanent or Total Disability		
			4	No Disability		
NOT USED	DSB02	380	Quantity	O 1	R	1/15
NOT USED	DSB03	1149	Occupation Code	O 1	ID	4/6
NOT USED	DSB04	1154	Work Intensity Code	O 1	ID	1/1
NOT USED	DSB05	1161	Product Option Code	O 1	ID	1/2
NOT USED	DSB06	782	Monetary Amount	O 1	R	1/18

<b>SITUATIONAL</b>	<b>DSB07</b>	<b>235</b>	<b>Product/Service ID Qualifier</b>	<b>X 1</b>	<b>ID</b>	<b>2/2</b>
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Code identifying the type/source of the descriptive number used in Product/Service ID (234)

SYNTAX: P0708

**SITUATIONAL RULE:** *Required when a value is being reported in the DSB08 element. If not required by this implementation guide, do not send.*

**IMPLEMENTATION NAME:** Product or Service ID Qualifier

CODE	DEFINITION
<b>DX</b>	<b>International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) - Diagnosis</b>  CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)
<b>ZZ</b>	<b>Mutually Defined</b>  <b>To be used for the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) - Diagnosis.</b>  <b>CODE SOURCE: 896 International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS)</b>

<b>SITUATIONAL</b>	<b>DSB08</b>	<b>1137</b>	<b>Medical Code Value</b>	<b>X 1</b>	<b>AN</b>	<b>1/15</b>
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Code value for describing a medical condition or procedure

SYNTAX: P0708

SEMANTIC: DSB08 is the functional status code for the disability.

**SITUATIONAL RULE:** *Required when called for in the insurance contract between the sponsor and payer and allowed by federal and state regulations. If not required by this implementation guide, do not send.*

**IMPLEMENTATION NAME:** Diagnosis Code



SEGMENT DETAIL

## DTP - DISABILITY ELIGIBILITY DATES

**X12 Segment Name:** Date or Time or Period

**X12 Purpose:** To specify any or all of a date, a time, or a time period

**Loop:** 2200 — DISABILITY INFORMATION

**Segment Repeat:** 2

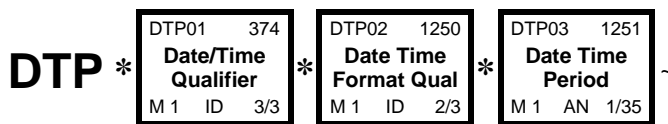
**Usage:** SITUATIONAL

**Situational Rule:** Required when enrolling a disabled member or when disability dates change for an existing member, and the disability dates are known by the sponsor. If not required by this implementation guide, do not send.

**TR3 Notes:** 1. This segment is used to send the first and last date of disability.

**TR3 Example:** DTP\*360\*D8\*19961001~

DIAGRAM



ELEMENT DETAIL

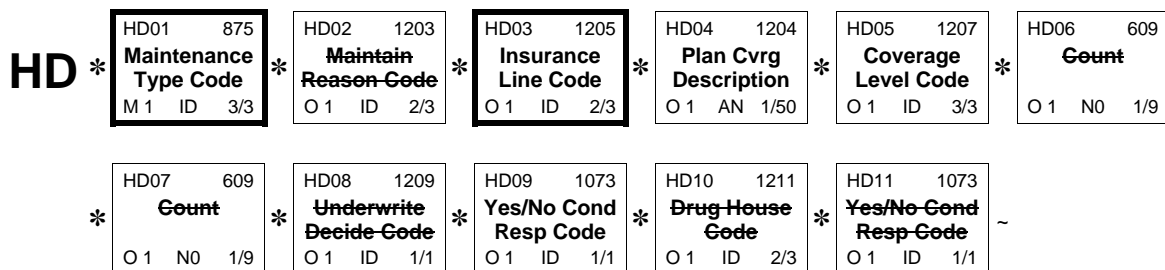
USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time	M 1 ID 3/3
IMPLEMENTATION NAME: <b>Date Time Qualifier</b>				
			CODE	DEFINITION
			360	Initial Disability Period Start
			361	Initial Disability Period End
REQUIRED	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format	M 1 ID 2/3
SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.				
			CODE	DEFINITION
			D8	Date Expressed in Format CCYYMMDD
REQUIRED	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times	M 1 AN 1/35
IMPLEMENTATION NAME: <b>Disability Eligibility Date</b>				

## SEGMENT DETAIL

## HD - HEALTH COVERAGE

**X12 Segment Name:** Health Coverage**X12 Purpose:** To provide information on health coverage**Loop:** 2300 — HEALTH COVERAGE **Loop Repeat:** 99**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when enrolling a new member or when adding, updating, removing coverage or auditing an existing member. If not required by this implementation guide, do not send.**TR3 Notes:** 1. Refer to section 1.10.5 “Termination” for additional information relative to removing a member’s coverage.**TR3 Example:** HD\*021\*\*HLT\*PLAN A BCD\*FAM~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	HD01	875	<b>Maintenance Type Code</b> Code identifying the specific type of item maintenance	M 1	ID	3/3
Required to identify the specific type of item maintenance.						
			CODE	DEFINITION		
			001	Change		
			002	Delete		
				Use this code for deleting an incorrect coverage record.		
			021	Addition		
			024	Cancellation or Termination		
				Use this code for cancelling/terminating a coverage.		
			025	Reinstatement		
			026	Correction		
				This code is used to correct an incorrect record.		

			030	Audit or Compare			
			032	Employee Information Not Applicable			
				Certain situations, such as military duty and CHAMPUS/TRICARE, classify the subscriber as ineligible for coverage or benefits. However, dependents of the subscribers are still eligible for coverage or benefits under the subscriber. Subscriber identifying elements are needed to accurately identify dependents.			
NOT USED	HD02	1203	Maintenance Reason Code		O 1	ID	2/3
REQUIRED	HD03	1205	Insurance Line Code		O 1	ID	2/3
			Code identifying a group of insurance products				
			CODE	DEFINITION			
			AG	Preventative Care/Wellness			
			AH	24 Hour Care			
			AJ	Medicare Risk			
			AK	Mental Health			
			DCP	Dental Capitation			
				This identifies a dental managed care organization (DMO).			
			DEN	Dental			
			EPO	Exclusive Provider Organization			
			FAC	Facility			
			HE	Hearing			
			HLT	Health			
				Includes both hospital and professional coverage.			
			HMO	Health Maintenance Organization			
			LTC	Long-Term Care			
			LTD	Long-Term Disability			
			MM	Major Medical			
			MOD	Mail Order Drug			
			PDG	Prescription Drug			
			POS	Point of Service			
			PPO	Preferred Provider Organization			
			PRA	Practitioners			
			STD	Short-Term Disability			
			UR	Utilization Review			
			VIS	Vision			
SITUATIONAL	HD04	1204	Plan Coverage Description		O 1	AN	1/50
			A description or number that identifies the plan or coverage				
			SITUATIONAL RULE: <i>Required when additional information is needed to describe the exact type of coverage being provided. If not required by this implementation guide, do not send.</i>				

<b>SITUATIONAL</b>	<b>HD05</b>	<b>1207</b>	<b>Coverage Level Code</b> Code indicating the level of coverage being provided for this insured	<b>O 1</b>	<b>ID</b>	<b>3/3</b>
<b>SITUATIONAL RULE:</b> <i>Required when called for in the insurance contract between the sponsor and payer and allowed by federal and state regulations. If not required by this implementation guide, do not send.</i>						
See section 1.4.6, Coverage Levels and Dependents, for additional information.						
		CODE	DEFINITION			
		CHD	Children Only			
		DEP	Dependents Only			
		E1D	Employee and One Dependent			
			For this code, the dependent is a non-spouse dependent. This code is not used for identification of Employee and Spouse. See code ESP.			
		E2D	Employee and Two Dependents			
		E3D	Employee and Three Dependents			
		E5D	Employee and One or More Dependents			
		E6D	Employee and Two or More Dependents			
		E7D	Employee and Three or More Dependents			
		E8D	Employee and Four or More Dependents			
		E9D	Employee and Five or More Dependents			
		ECH	Employee and Children			
		EMP	Employee Only			
		ESP	Employee and Spouse			
		FAM	Family			
		IND	Individual			
		SPC	Spouse and Children			
		SPO	Spouse Only			
		TWO	Two Party			
<b>NOT USED</b>	<b>HD06</b>	<b>609</b>	<b>Count</b>	<b>O 1</b>	<b>N0</b>	<b>1/9</b>
<b>NOT USED</b>	<b>HD07</b>	<b>609</b>	<b>Count</b>	<b>O 1</b>	<b>N0</b>	<b>1/9</b>
<b>NOT USED</b>	<b>HD08</b>	<b>1209</b>	<b>Underwriting Decision Code</b>	<b>O 1</b>	<b>ID</b>	<b>1/1</b>
<b>SITUATIONAL</b>	<b>HD09</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response	<b>O 1</b>	<b>ID</b>	<b>1/1</b>
<b>SEMANTIC:</b> HD09 is a late enrollee indicator. A "Y" value indicates the insured is a late enrollee, which can result in a reduction of benefits; an "N" value indicates the insured is a regular enrollee.						
<b>SITUATIONAL RULE:</b> <i>Required when there is a need to designate a member as a late enrollee. If not required by this implementation guide, do not send.</i>						
<b>IMPLEMENTATION NAME:</b> Late Enrollment Indicator						
<b>NOT USED</b>	<b>HD10</b>	<b>1211</b>	<b>Drug House Code</b>	<b>O 1</b>	<b>ID</b>	<b>2/3</b>
<b>NOT USED</b>	<b>HD11</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>O 1</b>	<b>ID</b>	<b>1/1</b>

SEGMENT DETAIL

## DTP - HEALTH COVERAGE DATES

**X12 Segment Name:** Date or Time or Period

**X12 Purpose:** To specify any or all of a date, a time, or a time period

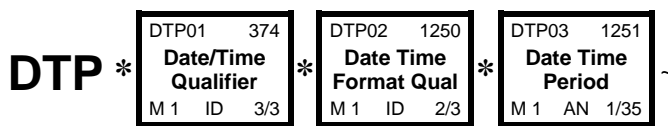
**Loop:** 2300 — HEALTH COVERAGE

**Segment Repeat:** 6

**Usage:** REQUIRED

**TR3 Example:** DTP\*348\*D8\*19961001~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time	M 1 ID 3/3
IMPLEMENTATION NAME: <b>Date Time Qualifier</b>				
		CODE	DEFINITION	
		300	Enrollment Signature Date	
		303	Maintenance Effective	
			This is the effective date of a change where a member's coverage is not being added or removed.	
		343	Premium Paid to Date End	
		348	Benefit Begin	
			This is the effective date of coverage. This code must always be sent when adding or reinstating coverage.	
		349	Benefit End	
			The termination date represents the last date of coverage in which claims will be paid for the individual being terminated. For example, if a date of 02/28/2001 is passed then claims for this individual will be paid through 11:59 p.m. on 2/28/01.	
		543	Last Premium Paid Date	
		695	Previous Period	
			This value is only to be used when reporting Previous Coverage Months.	

REQUIRED	DTP02	1250	Date Time Period Format Qualifier			M 1	ID	2/3
			Code indicating the date format, time format, or date and time format					
			SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.					
			CODE	DEFINITION				
			D8	Date Expressed in Format CCYYMMDD				
REQUIRED	DTP03	1251	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD				
			This value is only to be used when reporting Previous Coverage Months.					
REQUIRED	DTP03	1251	Date Time Period			M 1	AN	1/35
			Expression of a date, a time, or range of dates, times or dates and times					
IMPLEMENTATION NAME: Coverage Period								

SEGMENT DETAIL

## AMT - HEALTH COVERAGE POLICY

**X12 Segment Name:** Monetary Amount Information

**X12 Purpose:** To indicate the total monetary amount

**Loop:** 2300 — HEALTH COVERAGE

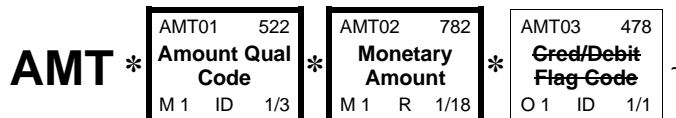
**Segment Repeat:** 9

**Usage:** SITUATIONAL

**Situational Rule:** Required when such transmission is required under the insurance contract between the sponsor and the payer. If not required by this implementation guide, do not send.

**TR3 Example:** AMT\*C1\*20~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	AMT01	522	Amount Qualifier Code Code to qualify amount	M 1 ID 1/3
			CODE	DEFINITION
			B9	Co-insurance - Actual This will contain any co-insurance selection amount. The option of adjusting this amount to produce the actual co-insurance can be defined in the insurance contract.
			C1	Co-Payment Amount
			D2	Deductible Amount
			EBA	Expected Expenditure Amount
			FK	Other Unlisted Amount
			P3	Premium Amount
			R	Spend Down
REQUIRED	AMT02	782	Monetary Amount Monetary amount	M 1 R 1/18
			IMPLEMENTATION NAME: Contract Amount	
NOT USED	AMT03	478	Credit/Debit Flag Code	O 1 ID 1/1

## SEGMENT DETAIL

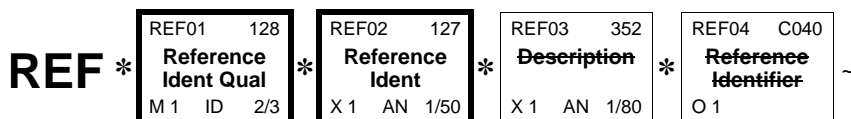
## REF - HEALTH COVERAGE POLICY NUMBER

**X12 Segment Name:** Reference Information**X12 Purpose:** To specify identifying information**X12 Syntax:** 1. R0203

At least one of REF02 or REF03 is required.

**Loop:** 2300 — HEALTH COVERAGE**Segment Repeat:** 14**Usage:** SITUATIONAL**Situational Rule:** Required when such transmission is required under the insurance contract between the sponsor and the payer. If not required by this implementation guide, do not send.**TR3 Example:** REF\*1L\*123456~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1 ID 2/3
			CODE	DEFINITION
			17	Client Reporting Category
			1L	Group or Policy Number
				Required when a group number that applies to this individual's participation in the coverage passed in this HD loop is required by the terms of the contract between the sponsor (sender) and payer (receiver); if not required may be sent at the sender's discretion.
			9V	Payment Category
			CE	Class of Contract Code
			E8	Service Contract (Coverage) Number
			M7	Medical Assistance Category
			PID	Program Identification Number
			RB	Rate code number
			X9	Internal Control Number
			XM	Issuer Number
			XX1	Special Program Code



			<b>XX2</b>	<b>Service Area Code</b>			
			<b>ZX</b>	<b>County Code</b>			
			<b>ZZ</b>	<b>Mutually Defined</b>			
				Use this code for the Payment Plan Type Code (Annual or Quarterly) until a standard code is assigned.			
<b>REQUIRED</b>	REF02	127	<b>Reference Identification</b>		<b>X 1</b>	<b>AN</b>	<b>1/50</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
			SYNTAX: R0203				
			IMPLEMENTATION NAME: <b>Member Group or Policy Number</b>				
<b>NOT USED</b>	REF03	352	<b>Description</b>		<b>X 1</b>	<b>AN</b>	<b>1/80</b>
<b>NOT USED</b>	REF04	C040	<b>REFERENCE IDENTIFIER</b>		<b>O 1</b>		

## SEGMENT DETAIL

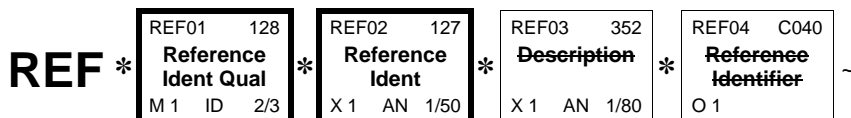
## REF - PRIOR COVERAGE MONTHS

**X12 Segment Name:** Reference Information**X12 Purpose:** To specify identifying information**X12 Syntax:** 1. R0203

At least one of REF02 or REF03 is required.

**Loop:** 2300 — HEALTH COVERAGE**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when the portability provisions of the Health Insurance Portability and Accountability Act require reporting of the number of months of prior health coverage that meet the certification requirements of the Act.**TR3 Example:** REF\*QQ\*0~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M 1 ID 2/3
			<b>CODE</b>	<b>DEFINITION</b>
			QQ	<b>Unit Number</b>  This code is used in this implementation guide to indicate that the value in REF02 is the response required under the portability provisions of HIPAA.
REQUIRED	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier  SYNTAX: R0203  IMPLEMENTATION NAME: Prior Coverage Month Count  Indicator identifying the number of prior months insurance coverage that may apply under the portability provisions of the Health Insurance Portability and Accountability Act.  This field will contain the number of months of prior health insurance coverage that meets the portability requirements of the HIPAA certification requirements. To be sent on new enrollments when available.	X 1 AN 1/50

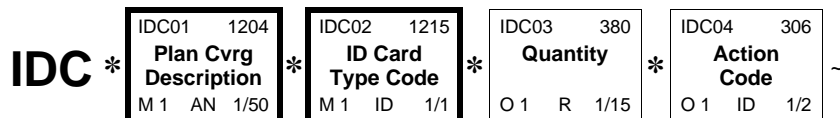
NOT USED	REF03	352	Description	X 1	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	O 1		

## SEGMENT DETAIL

## IDC - IDENTIFICATION CARD

**X12 Segment Name:** Identification Card**X12 Purpose:** To provide notification to produce replacement identification card(s)**Loop:** 2300 — HEALTH COVERAGE**Segment Repeat:** 3**Usage:** SITUATIONAL**Situational Rule:** Required when requesting the production of an identification card as the result of an enrollment add, change, or statement. If not required by this implementation guide, do not send.**TR3 Notes:** 1. An enrollment statement refers to a situation where no change is being made to the enrollment except to request a replacement ID card.**TR3 Example:** IDC\*12345\*H~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	IDC01	1204	<b>Plan Coverage Description</b> A description or number that identifies the plan or coverage  If no additional information is needed, this element will be sent as a single zero.	M 1 AN 1/50
REQUIRED	IDC02	1215	<b>Identification Card Type Code</b> Code identifying the type of identification card  This code is used to identify that the card issued will be specific to the coverage identified in the related HD segment.	M 1 ID 1/1
		CODE	DEFINITION	
		D	Dental Insurance	
		H	Health Insurance	
		P	Prescription Drug Service Drug Insurance	

<b>SITUATIONAL</b>	<b>IDC03</b>	<b>380</b>	<b>Quantity</b>	<b>O 1 R 1/15</b>
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Numeric value of quantity

SEMANTIC: IDC03 is the number of cards being requested.

SITUATIONAL RULE: *Required if the number of card requests is greater than 1. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Identification Card Count

Only non-negative integer values are to be sent.

<b>SITUATIONAL</b>	<b>IDC04</b>	<b>306</b>	<b>Action Code</b>	<b>O 1 ID 1/2</b>
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Code indicating type of action

SEMANTIC: IDC04 is the reason for the card being requested, i.e., add or a change.

SITUATIONAL RULE: *Required if the sender knows the reason for the card request. If not required by this implementation guide, do not send.*

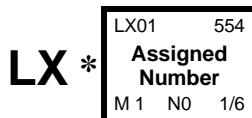
CODE	DEFINITION
1	Add
2	Change (Update)
RX	Replace

Use when requesting replacement cards with no change to data.

## SEGMENT DETAIL

**LX - PROVIDER INFORMATION****X12 Segment Name:** Transaction Set Line Number**X12 Purpose:** To reference a line number in a transaction set**X12 Set Notes:** 1. Loop 2310 contains information about the primary care providers for the subscriber or the dependent, and about the beneficiaries of any employer-sponsored life insurance for the subscriber.**Loop:** 2310 — PROVIDER INFORMATION **Loop Repeat:** 30**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required to provide information about the primary care or capitated physicians and pharmacies chosen by the enrollee in a managed care plan when that selection is made through the sponsor. If not required by this implementation guide, do not send.**TR3 Notes:**  
1. Use one iteration of the loop to identify each applicable health care service provider.  
2. The primary care provider effective date is defaulted to the effective date of the product identified in the DTP segment of the 2300 loop. When an enrollee switches from one primary care provider to another through the sponsor, the new provider must be listed with the effective date of change.**TR3 Example:** LX\*1~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	LX01	554	Assigned Number Number assigned for differentiation within a transaction set	M 1 NO 1/6
This is a sequential number representing the number of loops for this insured person. Begin with 1 for each insured person.				

## SEGMENT DETAIL

## NM1 - PROVIDER NAME

**X12 Segment Name:** Individual or Organizational Name**X12 Purpose:** To supply the full name of an individual or organizational entity**X12 Set Notes:** 1. Either NM1 or N1 will be included depending on whether an individual or organization is being specified.

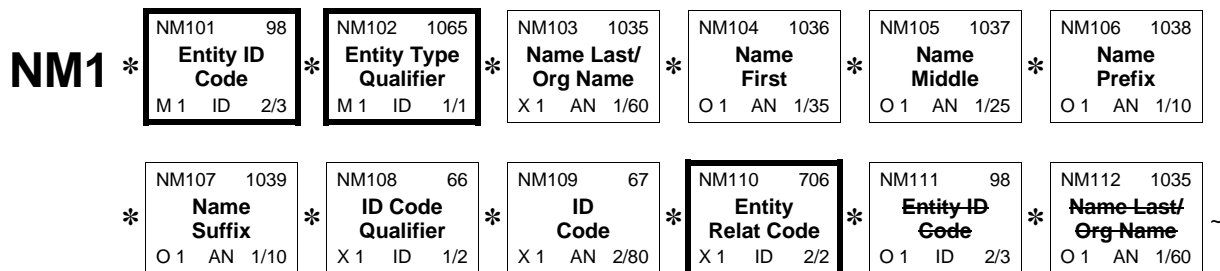
- X12 Syntax:**
- P0809**  
If either NM108 or NM109 is present, then the other is required.
  - C1110**  
If NM111 is present, then NM110 is required.
  - C1203**  
If NM112 is present, then NM103 is required.

**Loop:** 2310 — PROVIDER INFORMATION**Segment Repeat:** 1**Usage:** REQUIRED

**TR3 Notes:** 1. The National Provider ID must be passed in NM109. Until that ID is available, the Federal Taxpayer's Identification Number or another identification number that is necessary to identify the entity must be sent if available. If the identification number is not available then the Provider's Name must be passed using elements NM103 through NM107 as outlined in segment note 2.

**TR3 Example:** NM1\*P3\*1\*\*\*\*\*SV\*25341234567\*25~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	Entity Identifier Code	M 1 ID 2/3
			Code identifying an organizational entity, a physical location, property or an individual	
			CODE	DEFINITION
			1X	Laboratory
			3D	Obstetrics and Gynecology Facility

			80	Hospital			
			FA	Facility			
			OD	Doctor of Optometry			
			P3	Primary Care Provider			
			QA	Pharmacy			
			QN	Dentist			
			Y2	Managed Care Organization			
REQUIRED	NM102	1065	Entity Type Qualifier		M 1	ID	1/1
			Code qualifying the type of entity				
			SEMANTIC: NM102 qualifies NM103.				
			CODE	DEFINITION			
			1	Person			
			2	Non-Person Entity			
SITUATIONAL	NM103	1035	Name Last or Organization Name		X 1	AN	1/60
			Individual last name or organizational name				
			SYNTAX: C1203				
			SITUATIONAL RULE: <i>Required when NM102 is equal to '1' or '2' and the sponsor is not able to provide the standard ID in element NM109. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Provider Last or Organization Name				
SITUATIONAL	NM104	1036	Name First		O 1	AN	1/35
			Individual first name				
			SITUATIONAL RULE: <i>Required when NM102 is equal to '1' and the sponsor is not able to provide the standard ID in element NM109. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Provider First Name				
SITUATIONAL	NM105	1037	Name Middle		O 1	AN	1/25
			Individual middle name or initial				
			SITUATIONAL RULE: <i>Required when NM102 is equal to '1' and the sponsor is not able to provide the standard ID in element NM109 and has this information. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Provider Middle Name				
SITUATIONAL	NM106	1038	Name Prefix		O 1	AN	1/10
			Prefix to individual name				
			SITUATIONAL RULE: <i>Required when NM102 is equal to '1' and the sponsor is not able to provide the standard ID in element NM109 and has this information. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Provider Name Prefix				



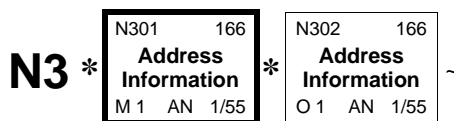
SITUATIONAL	NM107	1039	Name Suffix Suffix to individual name	O 1	AN	1/10										
SITUATIONAL RULE: Required when NM102 is equal to '1' and the sponsor is not able to provide the standard ID in element NM109 and has this information. If not required by this implementation guide, do not send.																
IMPLEMENTATION NAME: Provider Name Suffix																
SITUATIONAL	NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67)  SYNTAX: P0809	X 1	ID	1/2										
SITUATIONAL RULE: Required for providers in the United States or its territories when the provider has received an NPI. If not required by this implementation guide, do not send.																
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>34</td><td>Social Security Number  The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS/TRICARE.</td></tr><tr><td>FI</td><td>Federal Taxpayer's Identification Number</td></tr><tr><td>SV</td><td>Service Provider Number  This is a number assigned by the payer used to identify a provider.</td></tr><tr><td>XX</td><td>Centers for Medicare and Medicaid Services National Provider Identifier  CODE SOURCE 537: Centers for Medicare and Medicaid Services National Provider Identifier</td></tr></table>							CODE	DEFINITION	34	Social Security Number  The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS/TRICARE.	FI	Federal Taxpayer's Identification Number	SV	Service Provider Number  This is a number assigned by the payer used to identify a provider.	XX	Centers for Medicare and Medicaid Services National Provider Identifier  CODE SOURCE 537: Centers for Medicare and Medicaid Services National Provider Identifier
CODE	DEFINITION															
34	Social Security Number  The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS/TRICARE.															
FI	Federal Taxpayer's Identification Number															
SV	Service Provider Number  This is a number assigned by the payer used to identify a provider.															
XX	Centers for Medicare and Medicaid Services National Provider Identifier  CODE SOURCE 537: Centers for Medicare and Medicaid Services National Provider Identifier															
SITUATIONAL	NM109	67	Identification Code Code identifying a party or other code  SYNTAX: P0809	X 1	AN	2/80										
SITUATIONAL RULE: Required for providers in the United States or its territories when the provider has received an NPI. If not required by this implementation guide, do not send.																
IMPLEMENTATION NAME: Provider Identifier																
REQUIRED	NM110	706	Entity Relationship Code Code describing entity relationship  SYNTAX: C1110  COMMENT: NM110 and NM111 further define the type of entity in NM101.	X 1	ID	2/2										
This element indicates whether or not the member is an existing patient of the provider.																
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>25</td><td>Established Patient</td></tr><tr><td>26</td><td>Not Established Patient</td></tr><tr><td>72</td><td>Unknown</td></tr></table>							CODE	DEFINITION	25	Established Patient	26	Not Established Patient	72	Unknown		
CODE	DEFINITION															
25	Established Patient															
26	Not Established Patient															
72	Unknown															
NOT USED	NM111	98	Entity Identifier Code	O 1	ID	2/3										
NOT USED	NM112	1035	Name Last or Organization Name	O 1	AN	1/60										

## SEGMENT DETAIL

## N3 - PROVIDER ADDRESS

**X12 Segment Name:** Party Location**X12 Purpose:** To specify the location of the named party**Loop:** 2310 — PROVIDER INFORMATION**Segment Repeat:** 2**Usage:** SITUATIONAL**Situational Rule:** Required when the location of the named provider needs to be reported. If not required by this implementation guide, do not send.**TR3 Example:** N3\*50 ORCHARD STREET~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N301	166	Address Information Address information	M 1 AN 1/55
IMPLEMENTATION NAME: Provider Address Line				
SITUATIONAL	N302	166	Address Information Address information	O 1 AN 1/55
SITUATIONAL RULE: <i>Required if a second address line exists. If not required by this implementation guide, do not send.</i>				
IMPLEMENTATION NAME: Provider Address Line				

SEGMENT DETAIL

## N4 - PROVIDER CITY, STATE, ZIP CODE

**X12 Segment Name:** Geographic Location

**X12 Purpose:** To specify the geographic place of the named party

**X12 Syntax:** 1. **E0207**

Only one of N402 or N407 may be present.

2. **C0605**

If N406 is present, then N405 is required.

3. **C0704**

If N407 is present, then N404 is required.

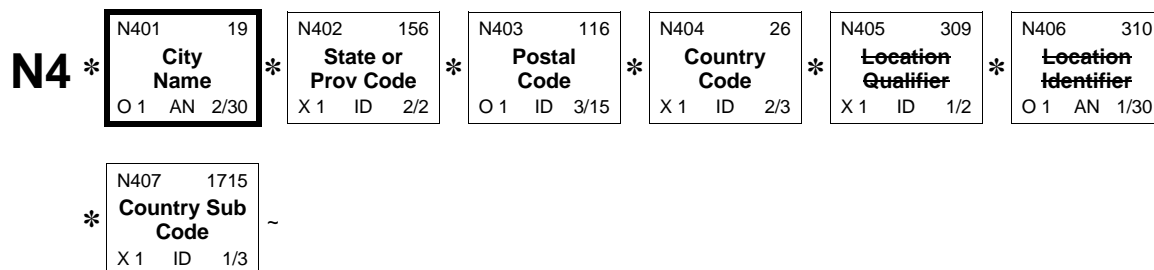
**Loop:** 2310 — PROVIDER INFORMATION

**Segment Repeat:** 1

**Usage:** REQUIRED

**TR3 Example:** N4\*KANSAS CITY\*MO\*64108~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N401	19	<b>City Name</b> Free-form text for city name  COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.  IMPLEMENTATION NAME: <b>Provider City Name</b>	O 1 AN 2/30
SITUATIONAL	N402	156	<b>State or Province Code</b> Code (Standard State/Province) as defined by appropriate government agency  SYNTAX: E0207  COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada.  SITUATIONAL RULE: <i>Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.</i>  IMPLEMENTATION NAME: <b>Provider State Code</b>  CODE SOURCE 22: States and Provinces	X 1 ID 2/2

<b>SITUATIONAL</b>	<b>N403</b>	<b>116</b>	<b>Postal Code</b> Code defining international postal zone code excluding punctuation and blanks (zip code for United States)  <b>SITUATIONAL RULE:</b> <i>Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.</i>  <b>IMPLEMENTATION NAME:</b> Provider Postal Zone or ZIP Code  CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes	<b>O 1</b>	<b>ID</b>	<b>3/15</b>
<b>SITUATIONAL</b>	<b>N404</b>	<b>26</b>	<b>Country Code</b> Code identifying the country  SYNTAX: C0704  <b>SITUATIONAL RULE:</b> <i>Required when the address is outside the United States of America. If not required by this implementation guide, do not send.</i>  CODE SOURCE 5: Countries, Currencies and Funds  Use the alpha-2 country codes from Part 1 of ISO 3166.	<b>X 1</b>	<b>ID</b>	<b>2/3</b>
<b>NOT USED</b>	<b>N405</b>	<b>309</b>	<b>Location Qualifier</b>	<b>X 1</b>	<b>ID</b>	<b>1/2</b>
<b>NOT USED</b>	<b>N406</b>	<b>310</b>	<b>Location Identifier</b>	<b>O 1</b>	<b>AN</b>	<b>1/30</b>
<b>SITUATIONAL</b>	<b>N407</b>	<b>1715</b>	<b>Country Subdivision Code</b> Code identifying the country subdivision  SYNTAX: E0207, C0704  <b>SITUATIONAL RULE:</b> <i>Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.</i>  CODE SOURCE 5: Countries, Currencies and Funds  Use the country subdivision codes from Part 2 of ISO 3166.	<b>X 1</b>	<b>ID</b>	<b>1/3</b>

SEGMENT DETAIL

## PER - PROVIDER COMMUNICATIONS NUMBERS

**X12 Segment Name:** Administrative Communications Contact

**X12 Purpose:** To identify a person or office to whom administrative communications should be directed

**X12 Syntax:** 1. **P0304**

If either PER03 or PER04 is present, then the other is required.

2. **P0506**

If either PER05 or PER06 is present, then the other is required.

3. **P0708**

If either PER07 or PER08 is present, then the other is required.

**Loop:** 2310 — PROVIDER INFORMATION

**Segment Repeat:** 2

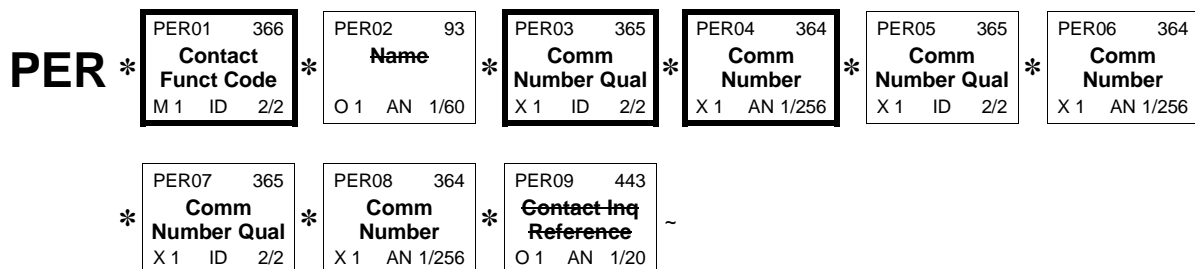
**Usage:** SITUATIONAL

**Situational Rule:** Required when the Provider contact information is provided to the sponsor. If not required by this implementation guide, do not send.

**TR3 Notes:** 1. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number always includes the area code and phone number using the format AAABBBCCCC, where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525).

**TR3 Example:** PER\*IC\*\*HP\*8015554321~

DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES																						
REQUIRED	PER01	366	<b>Contact Function Code</b> Code identifying the major duty or responsibility of the person or group named	M 1	ID	2/2																				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>IC</td><td>Information Contact</td></tr></table>	CODE	DEFINITION	IC	Information Contact																			
CODE	DEFINITION																									
IC	Information Contact																									
NOT USED	PER02	93	<b>Name</b>	O 1	AN	1/60																				
REQUIRED	PER03	365	<b>Communication Number Qualifier</b> Code identifying the type of communication number  SYNTAX: P0304	X 1	ID	2/2																				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>AP</td><td>Alternate Telephone</td></tr><tr><td>BN</td><td>Beeper Number</td></tr><tr><td>CP</td><td>Cellular Phone</td></tr><tr><td>EM</td><td>Electronic Mail</td></tr><tr><td>EX</td><td>Telephone Extension</td></tr><tr><td>FX</td><td>Facsimile</td></tr><tr><td>HP</td><td>Home Phone Number</td></tr><tr><td>TE</td><td>Telephone</td></tr><tr><td>WP</td><td>Work Phone Number</td></tr></table>	CODE	DEFINITION	AP	Alternate Telephone	BN	Beeper Number	CP	Cellular Phone	EM	Electronic Mail	EX	Telephone Extension	FX	Facsimile	HP	Home Phone Number	TE	Telephone	WP	Work Phone Number			
CODE	DEFINITION																									
AP	Alternate Telephone																									
BN	Beeper Number																									
CP	Cellular Phone																									
EM	Electronic Mail																									
EX	Telephone Extension																									
FX	Facsimile																									
HP	Home Phone Number																									
TE	Telephone																									
WP	Work Phone Number																									
REQUIRED	PER04	364	<b>Communication Number</b> Complete communications number including country or area code when applicable  SYNTAX: P0304	X 1	AN	1/256																				
SITUATIONAL	PER05	365	<b>Communication Number Qualifier</b> Code identifying the type of communication number  SYNTAX: P0506  SITUATIONAL RULE: <i>Required when a value is being reported in the PER06 element. If not required by this implementation guide, do not send.</i>	X 1	ID	2/2																				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>AP</td><td>Alternate Telephone</td></tr><tr><td>BN</td><td>Beeper Number</td></tr><tr><td>CP</td><td>Cellular Phone</td></tr><tr><td>EM</td><td>Electronic Mail</td></tr><tr><td>EX</td><td>Telephone Extension</td></tr><tr><td>FX</td><td>Facsimile</td></tr><tr><td>HP</td><td>Home Phone Number</td></tr><tr><td>TE</td><td>Telephone</td></tr><tr><td>WP</td><td>Work Phone Number</td></tr></table>	CODE	DEFINITION	AP	Alternate Telephone	BN	Beeper Number	CP	Cellular Phone	EM	Electronic Mail	EX	Telephone Extension	FX	Facsimile	HP	Home Phone Number	TE	Telephone	WP	Work Phone Number			
CODE	DEFINITION																									
AP	Alternate Telephone																									
BN	Beeper Number																									
CP	Cellular Phone																									
EM	Electronic Mail																									
EX	Telephone Extension																									
FX	Facsimile																									
HP	Home Phone Number																									
TE	Telephone																									
WP	Work Phone Number																									

<b>SITUATIONAL</b>	<b>PER06</b>	<b>364</b>	<b>Communication Number</b>	<b>X 1 AN 1/256</b>
Complete communications number including country or area code when applicable				

SYNTAX: P0506

**SITUATIONAL RULE:** *Required when additional communication numbers are available. If not required by this implementation guide, do not send.*

<b>SITUATIONAL</b>	<b>PER07</b>	<b>365</b>	<b>Communication Number Qualifier</b>	<b>X 1 ID 2/2</b>
Code identifying the type of communication number				

SYNTAX: P0708

**SITUATIONAL RULE:** *Required when a value is being reported in the PER08 element. If not required by this implementation guide, do not send.*

CODE	DEFINITION
AP	Alternate Telephone
BN	Beeper Number
CP	Cellular Phone
EM	Electronic Mail
EX	Telephone Extension
FX	Facsimile
HP	Home Phone Number
TE	Telephone
WP	Work Phone Number

<b>SITUATIONAL</b>	<b>PER08</b>	<b>364</b>	<b>Communication Number</b>	<b>X 1 AN 1/256</b>
Complete communications number including country or area code when applicable				

SYNTAX: P0708

**SITUATIONAL RULE:** *Required when additional communication numbers are available. If not required by this implementation guide, do not send.*

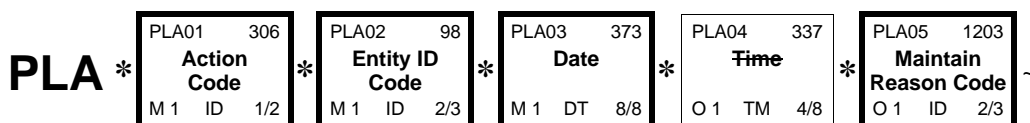
<b>NOT USED</b>	<b>PER09</b>	<b>443</b>	<b>Contact Inquiry Reference</b>	<b>O 1 AN 1/20</b>
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## SEGMENT DETAIL

## PLA - PROVIDER CHANGE REASON

**X12 Segment Name:** Place or Location**X12 Purpose:** To indicate action to be taken for the location specified and to qualify the location specified**Loop:** 2310 — PROVIDER INFORMATION**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required to report the reason and the effective date that a member changes providers as described by the NM1 segment in Loop 2310. If not required by this implementation guide, do not send.**TR3 Example:** PLA\*2\*1P\*19970628\*\*AI~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES						
REQUIRED	PLA01	306	<b>Action Code</b> Code indicating type of action	M 1	ID	1/2				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>2</td><td>Change (Update)</td></tr></table>	CODE	DEFINITION	2	Change (Update)			
CODE	DEFINITION									
2	Change (Update)									
REQUIRED	PLA02	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual	M 1	ID	2/3				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>1P</td><td>Provider</td></tr></table>	CODE	DEFINITION	1P	Provider			
CODE	DEFINITION									
1P	Provider									
REQUIRED	PLA03	373	<b>Date</b> Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year  SEMANTIC: PLA03 is the effective date for the action identified in PLA01.	M 1	DT	8/8				
			IMPLEMENTATION NAME: <b>Provider Effective Date</b>							
			<b>This is the effective date of the change of PCP.</b>							
NOT USED	PLA04	337	<b>Time</b>	O 1	TM	4/8				



**REQUIRED**      **PLA05**      **1203**      **Maintenance Reason Code**      **O 1**      **ID**      **2/3**

Code identifying the reason for the maintenance change

**If none of the specific Maintenance Reasons apply, send 'AI', No Reason Given.**

CODE	DEFINITION
14	Voluntary Withdrawal
22	Plan Change
46	Current Customer Information File in Error
AA	Dissatisfaction with Office Staff
AB	Dissatisfaction with Medical Care/Services Rendered
AC	Inconvenient Office Location
AD	Dissatisfaction with Office Hours
AE	Unable to Schedule Appointments in a Timely Manner
AF	Dissatisfaction with Physician's Referral Policy
AG	Less Respect and Attention Time Given than to Other Patients
AH	Patient Moved to a New Location
AI	No Reason Given
AJ	Appointment Times not Met in a Timely Manner

## SEGMENT DETAIL

## COB - COORDINATION OF BENEFITS

X12 Segment Name: Coordination of Benefits

X12 Purpose: To supply information on coordination of benefits

Loop: 2320 — COORDINATION OF BENEFITS Loop Repeat: 5

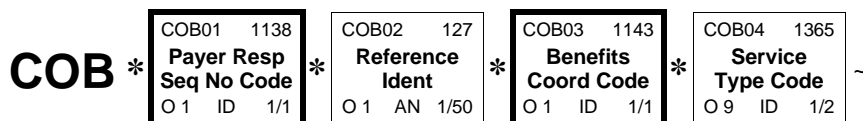
Segment Repeat: 1

Usage: SITUATIONAL

**Situational Rule:** Required whenever an individual has another insurance plan with benefits similar to those covered by the insurance product specified in the HD segment for this occurrence of Loop ID-2300. If not required by this implementation guide, do not send.

TR3 Example: COB\*P\*XYZ123\*1~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES										
REQUIRED	COB01	1138	<b>Payer Responsibility Sequence Number Code</b> Code identifying the insurance carrier's level of responsibility for a payment of a claim	O 1 ID 1/1										
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>P</td><td>Primary</td></tr><tr><td>S</td><td>Secondary</td></tr><tr><td>T</td><td>Tertiary</td></tr><tr><td>U</td><td>Unknown</td></tr></table>	CODE	DEFINITION	P	Primary	S	Secondary	T	Tertiary	U	Unknown	
CODE	DEFINITION													
P	Primary													
S	Secondary													
T	Tertiary													
U	Unknown													
SITUATIONAL	COB02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier  SEMANTIC: COB02 is the policy number.  SITUATIONAL RULE: <i>Required when the policy number is available. If not required by this implementation guide, do not send.</i>  IMPLEMENTATION NAME: Member Group or Policy Number	O 1 AN 1/50										
REQUIRED	COB03	1143	<b>Coordination of Benefits Code</b> Code identifying whether there is a coordination of benefits	O 1 ID 1/1										
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>1</td><td>Coordination of Benefits</td></tr><tr><td>5</td><td>Unknown</td></tr></table>	CODE	DEFINITION	1	Coordination of Benefits	5	Unknown					
CODE	DEFINITION													
1	Coordination of Benefits													
5	Unknown													

			6	No Coordination of Benefits		
			This code is sent when it has been determined that there is no COB.			
SITUATIONAL	COB04	1365	Service Type Code	O 9	ID	1/2
			Code identifying the classification of service			
			SITUATIONAL RULE: <i>Required when detailed COB coverage information is agreed to be exchanged. If not required by this implementation guide, do not send.</i>			
			CODE	DEFINITION		
			1	Medical Care		
			35	Dental Care		
			48	Hospital - Inpatient		
			50	Hospital - Outpatient		
			54	Long Term Care		
			89	Free Standing Prescription Drug		
			90	Mail Order Prescription Drug		
			A4	Psychiatric		
			AG	Skilled Nursing Care		
			AL	Vision (Optometry)		
			BB	Partial Hospitalization (Psychiatric)		

SEGMENT DETAIL

## REF - ADDITIONAL COORDINATION OF BENEFITS IDENTIFIERS

**X12 Segment Name:** Reference Information

**X12 Purpose:** To specify identifying information

**X12 Syntax:** 1. R0203

At least one of REF02 or REF03 is required.

**Loop:** 2320 — COORDINATION OF BENEFITS

**Segment Repeat:** 4

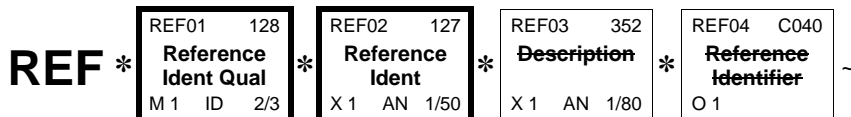
**Usage:** SITUATIONAL

**Situational Rule:** Required if additional COB identifiers are supplied by the subscriber. If not required by this implementation guide, do not send.

**TR3 Notes:** 1. Use the Social Security Number until the National ID Number for individuals is available.

**TR3 Example:** REF\*6P\*AZ12345~

DIAGRAM



ELEMENT DETAIL

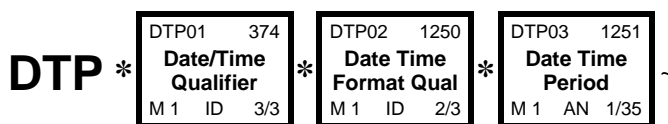
USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M 1	ID	2/3
			<b>CODE</b>	<b>DEFINITION</b>		
			60	Account Suffix Code		
			6P	Group Number		
			SY	Social Security Number		
				The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS/TRICARE.		
			ZZ	Mutually Defined		
				Mutually Defined, will be used in this REF01 for National Individual Identifier until a standard code is defined.		

<b>REQUIRED</b>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier  SYNTAX: R0203	<b>X 1 AN 1/50</b>
<b>IMPLEMENTATION NAME: Member Group or Policy Number</b>				
<b>NOT USED</b>	REF03	352	<b>Description</b>	<b>X 1 AN 1/80</b>
<b>NOT USED</b>	REF04	C040	<b>REFERENCE IDENTIFIER</b>	<b>O 1</b>

## SEGMENT DETAIL

**DTP - COORDINATION OF BENEFITS  
ELIGIBILITY DATES****X12 Segment Name:** Date or Time or Period**X12 Purpose:** To specify any or all of a date, a time, or a time period**Loop:** 2320 — COORDINATION OF BENEFITS**Segment Repeat:** 2**Usage:** SITUATIONAL**Situational Rule:** Required when the submitter needs to send effective dates for coordination of benefits. If not required by this implementation guide, do not send.**TR3 Example:** DTP\*344\*D8\*19960401~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time	M 1	ID	3/3
IMPLEMENTATION NAME: <b>Date Time Qualifier</b>						
			CODE	DEFINITION		
			344	Coordination of Benefits Begin		
			345	Coordination of Benefits End		
REQUIRED	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format	M 1	ID	2/3
SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.						
			CODE	DEFINITION		
			D8	Date Expressed in Format CCYYMMDD		
REQUIRED	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times	M 1	AN	1/35
IMPLEMENTATION NAME: <b>Coordination of Benefits Date</b>						

## SEGMENT DETAIL

**NM1 - COORDINATION OF BENEFITS  
RELATED ENTITY****X12 Segment Name:** Individual or Organizational Name**X12 Purpose:** To supply the full name of an individual or organizational entity**X12 Syntax:** 1. **P0809**

If either NM108 or NM109 is present, then the other is required.

2. **C1110**

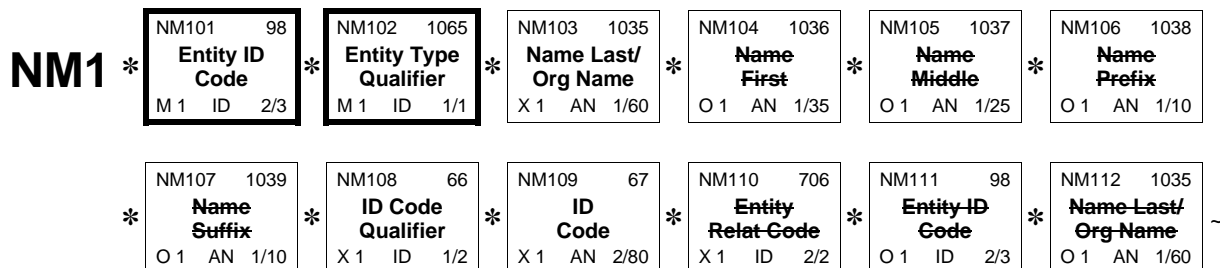
If NM111 is present, then NM110 is required.

3. **C1203**

If NM112 is present, then NM103 is required.

**Loop:** 2330 — COORDINATION OF BENEFITS RELATED ENTITY **Loop**  
**Repeat:** 3**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required to send the name of the insurance company when provided to the sponsor. If not required by this implementation guide, do not send.**TR3 Example:** NM1\*IN\*2\*ABC INSURANCE CO~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES										
REQUIRED	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual	M 1	ID	2/3								
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>36</td><td>Employer</td></tr><tr><td>GW</td><td>Group</td></tr><tr><td>IN</td><td>Insurer</td></tr></table>	CODE	DEFINITION	36	Employer	GW	Group	IN	Insurer			
CODE	DEFINITION													
36	Employer													
GW	Group													
IN	Insurer													

REQUIRED	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity  SEMANTIC: NM102 qualifies NM103.	M 1	ID	1/1								
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>2</td><td>Non-Person Entity</td></tr></table>	CODE	DEFINITION	2	Non-Person Entity							
CODE	DEFINITION													
2	Non-Person Entity													
SITUATIONAL	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name  SYNTAX: C1203  SITUATIONAL RULE: <i>Required to send the insurance company name if no standard identifier is available to pass in NM109. If not required by this implementation guide, do not send.</i>	X 1	AN	1/60								
			IMPLEMENTATION NAME: Coordination of Benefits Insurer Name											
NOT USED	NM104	1036	<b>Name First</b>	O 1	AN	1/35								
NOT USED	NM105	1037	<b>Name Middle</b>	O 1	AN	1/25								
NOT USED	NM106	1038	<b>Name Prefix</b>	O 1	AN	1/10								
NOT USED	NM107	1039	<b>Name Suffix</b>	O 1	AN	1/10								
SITUATIONAL	NM108	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67)  SYNTAX: P0809  SITUATIONAL RULE: <i>Required when a value is being reported in the NM109 element. If not required by this implementation guide, do not send.</i>	X 1	ID	1/2								
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>FI</td><td>Federal Taxpayer's Identification Number</td></tr><tr><td>NI</td><td>National Association of Insurance Commissioners (NAIC) Identification</td></tr><tr><td>XV</td><td>Centers for Medicare and Medicaid Services PlanID CODE SOURCE 540: Centers for Medicare and Medicaid Services PlanID</td></tr></table>	CODE	DEFINITION	FI	Federal Taxpayer's Identification Number	NI	National Association of Insurance Commissioners (NAIC) Identification	XV	Centers for Medicare and Medicaid Services PlanID CODE SOURCE 540: Centers for Medicare and Medicaid Services PlanID			
CODE	DEFINITION													
FI	Federal Taxpayer's Identification Number													
NI	National Association of Insurance Commissioners (NAIC) Identification													
XV	Centers for Medicare and Medicaid Services PlanID CODE SOURCE 540: Centers for Medicare and Medicaid Services PlanID													
SITUATIONAL	NM109	67	<b>Identification Code</b> Code identifying a party or other code  SYNTAX: P0809  SITUATIONAL RULE: <i>Required when supplied by the employee to the sponsor. If not required by this implementation guide, do not send.</i>	X 1	AN	2/80								
			IMPLEMENTATION NAME: Coordination of Benefits Insurer Identification Code											
NOT USED	NM110	706	<b>Entity Relationship Code</b>	X 1	ID	2/2								
NOT USED	NM111	98	<b>Entity Identifier Code</b>	O 1	ID	2/3								
NOT USED	NM112	1035	<b>Name Last or Organization Name</b>	O 1	AN	1/60								



SEGMENT DETAIL

## N3 - COORDINATION OF BENEFITS RELATED ENTITY ADDRESS

**X12 Segment Name:** Party Location

**X12 Purpose:** To specify the location of the named party

**Loop:** 2330 — COORDINATION OF BENEFITS RELATED ENTITY

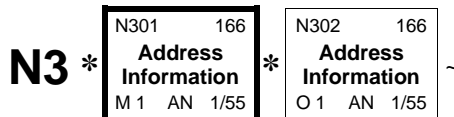
**Segment Repeat:** 1

**Usage:** SITUATIONAL

**Situational Rule:** Required when detailed COB coverage information is agreed to be exchanged. If not required by this implementation guide, do not send.

**TR3 Example:** N3\*50 ORCHARD STREET~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N301	166	Address Information Address information	M 1 AN 1/55
SITUATIONAL	N302	166	Address Information Address information	O 1 AN 1/55

**SITUATIONAL RULE:** *Required if a second address line exists. If not required by this implementation guide, do not send.*

## SEGMENT DETAIL

## N4 - COORDINATION OF BENEFITS OTHER INSURANCE COMPANY CITY, STATE, ZIP CODE

**X12 Segment Name:** Geographic Location

**X12 Purpose:** To specify the geographic place of the named party

**X12 Syntax:** 1. **E0207**

Only one of N402 or N407 may be present.

2. **C0605**

If N406 is present, then N405 is required.

3. **C0704**

If N407 is present, then N404 is required.

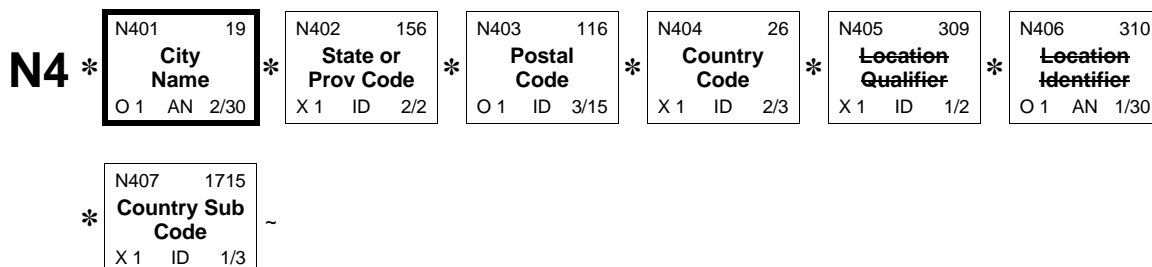
**Loop:** 2330 — COORDINATION OF BENEFITS RELATED ENTITY

**Segment Repeat:** 1

**Usage:** REQUIRED

**TR3 Example:** N4\*KANSAS CITY\*MO\*64108~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N401	19	City Name Free-form text for city name	O 1 AN 2/30
COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.				
IMPLEMENTATION NAME: Coordination of Benefits Other Insurance Company City Name				

SITUATIONAL	N402	156	<b>State or Province Code</b> Code (Standard State/Province) as defined by appropriate government agency SYNTAX: E0207 COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada. SITUATIONAL RULE: <i>Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Coordination of Benefits Other Insurance Company State Code CODE SOURCE 22: States and Provinces	X 1	ID	2/2
SITUATIONAL	N403	116	<b>Postal Code</b> Code defining international postal zone code excluding punctuation and blanks (zip code for United States) SITUATIONAL RULE: <i>Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Coordination of Benefits Other Insurance Company Postal Zone or ZIP Code CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes	O 1	ID	3/15
SITUATIONAL	N404	26	<b>Country Code</b> Code identifying the country SYNTAX: C0704 SITUATIONAL RULE: <i>Required when the address is outside the United States of America. If not required by this implementation guide, do not send.</i> CODE SOURCE 5: Countries, Currencies and Funds Use the alpha-2 country codes from Part 1 of ISO 3166.	X 1	ID	2/3
NOT USED	N405	309	<b>Location Qualifier</b>	X 1	ID	1/2
NOT USED	N406	310	<b>Location Identifier</b>	O 1	AN	1/30
SITUATIONAL	N407	1715	<b>Country Subdivision Code</b> Code identifying the country subdivision SYNTAX: E0207, C0704 SITUATIONAL RULE: <i>Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.</i> CODE SOURCE 5: Countries, Currencies and Funds Use the country subdivision codes from Part 2 of ISO 3166.	X 1	ID	1/3

## SEGMENT DETAIL

**PER - ADMINISTRATIVE COMMUNICATIONS  
CONTACT****X12 Segment Name:** Administrative Communications Contact**X12 Purpose:** To identify a person or office to whom administrative communications should be directed**X12 Syntax:** 1. **P0304**

If either PER03 or PER04 is present, then the other is required.

2. **P0506**

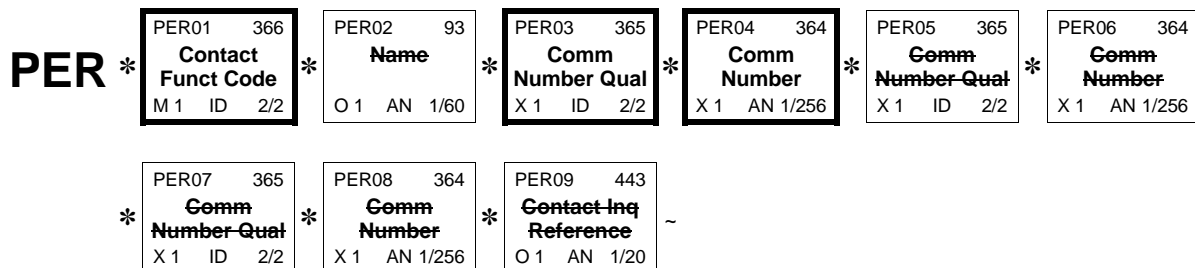
If either PER05 or PER06 is present, then the other is required.

3. **P0708**

If either PER07 or PER08 is present, then the other is required.

**Loop:** 2330 — COORDINATION OF BENEFITS RELATED ENTITY**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when detailed COB coverage information is agreed to be exchanged. If not required by this implementation guide, do not send.**TR3 Example:** PER\*CN\*\*TE\*8015554321~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	PER01	366	Contact Function Code	M 1 ID 2/2
			Code identifying the major duty or responsibility of the person or group named	
			CODE	DEFINITION
			CN	General Contact
NOT USED	PER02	93	Name	O 1 AN 1/60

REQUIRED	PER03	365	Communication Number Qualifier Code identifying the type of communication number  SYNTAX: P0304	X 1	ID	2/2				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>TE</td><td>Telephone</td></tr></table>	CODE	DEFINITION	TE	Telephone			
CODE	DEFINITION									
TE	Telephone									
REQUIRED	PER04	364	Communication Number Complete communications number including country or area code when applicable  SYNTAX: P0304	X 1	AN	1/256				
NOT USED	PER05	365	Communication Number Qualifier	X 1	ID	2/2				
NOT USED	PER06	364	Communication Number	X 1	AN	1/256				
NOT USED	PER07	365	Communication Number Qualifier	X 1	ID	2/2				
NOT USED	PER08	364	Communication Number	X 1	AN	1/256				
NOT USED	PER09	443	Contact Inquiry Reference	O 1	AN	1/20				

## SEGMENT DETAIL

## LS - ADDITIONAL REPORTING CATEGORIES

**X12 Segment Name:** Loop Header**X12 Purpose:** To indicate that the next segment begins a loop

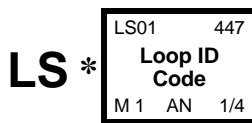
**X12 Semantic:** 1. One loop may be nested contained within another loop, provided the inner nested loop terminates before the outer loop. When specified by the standard setting body as mandatory, this segment in combination with “LE”, must be used. It is not to be used if not specifically set forth for use. The loop identifier in the loop header and trailer must be identical. The value for the identifier is the loop ID of the required loop segment. The loop ID number is given on the transaction set diagram in the appropriate ASC X12 version/release.

**Loop:** 2700 — ADDITIONAL REPORTING CATEGORIES LOOP**Segment Repeat:** 1**Usage:** SITUATIONAL

**Situational Rule:** Required when needed to provide additional reporting categories about the member. If not required by this implementation guide, do not send.

**TR3 Example:** LS\*2700~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	LS01	447	<b>Loop Identifier Code</b> The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE	M 1 AN 1/4
Use the value 2700.				

SEGMENT DETAIL

## LX - MEMBER REPORTING CATEGORIES

**X12 Segment Name:** Transaction Set Line Number

**X12 Purpose:** To reference a line number in a transaction set

**Loop:** 2710 — MEMBER REPORTING CATEGORIES **Loop Repeat:** >1

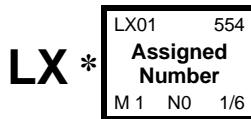
**Segment Repeat:** 1

**Usage:** SITUATIONAL

**Situational Rule:** Required when needed to provide additional reporting categories about the member. If not required by this implementation guide, do not send.

**TR3 Example:** LX\*1~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	LX01	554	Assigned Number Number assigned for differentiation within a transaction set	M 1	N0	1/6
Use this sequential non-negative integer for LX loops for this member's additional reporting categories.						

## SEGMENT DETAIL

## N1 - REPORTING CATEGORY

**X12 Segment Name:** Party Identification**X12 Purpose:** To identify a party by type of organization, name, and code**X12 Syntax:** 1. **R0203**

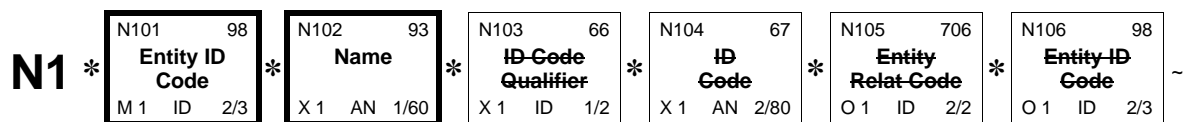
At least one of N102 or N103 is required.

2. **P0304**

If either N103 or N104 is present, then the other is required.

**Loop:** 2750 — REPORTING CATEGORY **Loop Repeat:** 1**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required to specify the name of the reporting category of the member's participating entity.**TR3 Example:** N1\*75\*SOUTHEASTERN UNION~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual	M 1 ID 2/3
			<b>75 Participant</b>	
REQUIRED	N102	93	<b>Name</b> Free-form name SYNTAX: R0203 IMPLEMENTATION NAME: Member Reporting Category Name	X 1 AN 1/60
NOT USED	N103	66	<b>Identification Code Qualifier</b>	X 1 ID 1/2
NOT USED	N104	67	<b>Identification Code</b>	X 1 AN 2/80
NOT USED	N105	706	<b>Entity Relationship Code</b>	O 1 ID 2/2
NOT USED	N106	98	<b>Entity Identifier Code</b>	O 1 ID 2/3



SEGMENT DETAIL

## REF - REPORTING CATEGORY REFERENCE

**X12 Segment Name:** Reference Information

**X12 Purpose:** To specify identifying information

**X12 Syntax:** 1. R0203

At least one of REF02 or REF03 is required.

**Loop:** 2750 — REPORTING CATEGORY

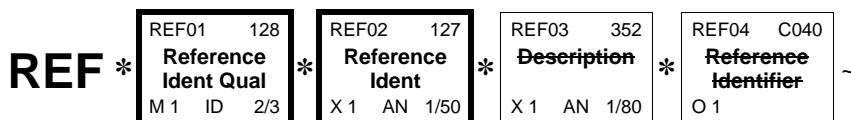
**Segment Repeat:** 16

**Usage:** SITUATIONAL

**Situational Rule:** Required to specify the reference identifier associated with the reporting category of the member's participating entity.

**TR3 Example:** REF\*26\*442~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1	ID	2/3
			CODE	DEFINITION		
			00	Contracting District Number		
			17	Client Reporting Category		
			18	Plan Number		
			19	Division Identifier		
			26	Union Number		
			3L	Branch Identifier		
			6M	Application Number		
			9V	Payment Category		
			9X	Account Category		
			GE	Geographic Number		
			LU	Location Number		
			PID	Program Identification Number		
			XX1	Special Program Code		
			XX2	Service Area Code		
			YY	Geographic Key		
			ZZ	Mutually Defined		

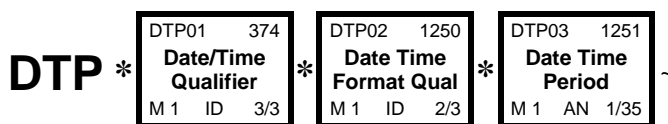
REQUIRED	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier  SYNTAX: R0203  IMPLEMENTATION NAME: <b>Member Reporting Category Reference ID</b>	X 1	AN	1/50
NOT USED	REF03	352	<b>Description</b>	X 1	AN	1/80
NOT USED	REF04	C040	<b>REFERENCE IDENTIFIER</b>	O 1		

## SEGMENT DETAIL

## DTP - REPORTING CATEGORY DATE

**X12 Segment Name:** Date or Time or Period**X12 Purpose:** To specify any or all of a date, a time, or a time period**Loop:** 2750 — REPORTING CATEGORY**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when called for in the insurance contract between the sponsor and payer. If not required by this implementation guide, do not send.**TR3 Notes:** 1. Use this segment to associate a date or date range with a reporting category.**TR3 Example:** DTP\*007\*RD8\*20040101-20040531~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time	M 1 ID 3/3
IMPLEMENTATION NAME: <b>Date Time Qualifier</b>				
		CODE	DEFINITION	
		007	Effective	
REQUIRED	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format	M 1 ID 2/3
SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.				
		CODE	DEFINITION	
		D8	Date Expressed in Format CCYYMMDD	
		RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY. MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date.				

REQUIRED

DTP03

1251

**Date Time Period**

**M 1 AN 1/35**

Expression of a date, a time, or range of dates, times or dates and times

IMPLEMENTATION NAME: **Member Reporting Category Effective Date(s)**

SEGMENT DETAIL

## LE - ADDITIONAL REPORTING CATEGORIES LOOP TERMINATION

**X12 Segment Name:** Loop Trailer

**X12 Purpose:** To indicate that the loop immediately preceding this segment is complete

**X12 Semantic:** 1. One loop may be nested contained within another loop, provided the inner nested loop terminates before the other loop. When specified by the standards setting body as mandatory, this segment in combination with "LS", must be used. It is not to be used if not specifically set forth for use. The loop identifier in the loop header and trailer must be identical. The value for the identifier is the loop ID of the required loop beginning segment. The loop ID number is given on the transaction set diagram in the appropriate ASC X12 version/release.

**Loop:** 2700 — ADDITIONAL REPORTING CATEGORIES LOOP

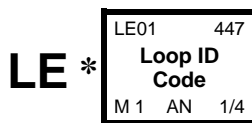
**Segment Repeat:** 1

**Usage:** SITUATIONAL

**Situational Rule:** Required when the LS segment in position 6880 is sent. If not required by this implementation guide, do not send.

**TR3 Example:** LE\*2700~

DIAGRAM



ELEMENT DETAIL

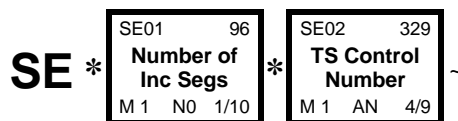
USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	LE01	447	Loop Identifier Code The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE <b>Use the value 2700.</b>	M 1 AN 1/4

## SEGMENT DETAIL

## SE - TRANSACTION SET TRAILER

**X12 Segment Name:** Transaction Set Trailer**X12 Purpose:** To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)**X12 Comments:** 1. SE is the last segment of each transaction set.**Segment Repeat:** 1**Usage:** REQUIRED**TR3 Example:** SE\*39\*0001~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	SE01	96	<b>Number of Included Segments</b> Total number of segments included in a transaction set including ST and SE segments <b>IMPLEMENTATION NAME: Transaction Segment Count</b>	<b>M 1 NO 1/10</b>
REQUIRED	SE02	329	<b>Transaction Set Control Number</b> Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set <b>The transaction set control numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. For example, start with the number 0001 and increment from there. This number must be unique within a specific group and interchange, but the number can repeat in other groups and interchanges.</b>	<b>M 1 AN 4/9</b>

## 3 Examples

### 3.1 Business Case Scenario 1 -- Enroll an Employee in Multiple Health Care Insurance Products

John Doe is enrolling in three health care products -- health, dental, and vision. He also has Coordination of Benefits (COB) with another insurance company.

X12 SYNTAX	COMMENTS
ST*834*0001*005010X220~	Used to indicate the start of a transaction set and to specify a transaction set control number.
BGN*00*12456*19980520*1200****2~	This is an original transaction uniquely identified by the sender with reference #12456. The transaction was created on 5/20/1998 at 12:00 Noon.
N1*P5**FI*999888777~	Specifies the sponsor/sender's tax ID number.
N1*IN**FI*654456654~	Specifies the insurance company/receiver's tax ID number.
INS*Y*18*021*20*A***FT~	Beginning of Table 2. Indicates that the subscriber (John Doe) is adding coverage as an active employee.
REF*0F*123456789~	John's subscriber ID number.
REF*1L*123456001~	This is the group number assigned by the carrier.
DTP*356*D8*19960523~	The eligibility date for this transaction is 5/23/1996.
NM1*IL*1*DOE*JOHN*P***34*123456789~	Subscriber's name.
PER*IP**HP*7172343334*WP*7172341240~	John's home phone number is (717)234-3334 and his work number is (717)234-1240
N3*100 MARKET ST*APT 3G~	This is John's street address.
N4*CAMP HILL*PA*17011**CY*CUMBERLAND~	This is John's city, state zip code and county.
DMG*D8*19400816*M~	This is John's date of birth and gender

X12 SYNTAX	COMMENTS
HD*021**HLT~	John is enrolling in a health benefit.
DTP*348*D8*19960601~	The benefits under this plan begin 6/01/1996
COB*P*890111*5~	This lets the carrier know that John has COB with another company.
HD*021**DEN~	John is enrolling in the Dental benefit.
DTP*348*D8*19960601~	The benefits under this plan begin 6/01/1996
HD*021**VIS~	John is enrolling in the Vision benefit.
DTP*348*D8*19960601~	The benefits under this plan begin 6/01/1996
SE*21*12345~	End of transaction set. 21 segments were sent and the control number in the ST segment is 12345.

## 3.2 Business Case Scenario 2 -- Add a Dependent (Full-time Student) to an Existing Enrollment

James E. Doe, the son of John Doe, is being enrolled under John Doe's medical coverage. James is enrolled at Penn State and expects to graduate on 5/15/1998. His Social Security Number is 103229876. The enrollment for the subscriber, John Doe, had to be submitted before his dependents can be enrolled.

X12 SYNTAX	COMMENTS
ST*834*0001*005010X220~	Used to indicate the start of a transaction set and to specify a transaction set control number.
BGN*00*12456*19980520*1200****2~	This is an original transaction uniquely identified by the sender with reference #12456. The transaction was created on 5/20/1998 at 12:00 Noon.
REF*38*ABCD012354~	Master policy number (group ID).
N1*P5**FI*999888777~	Specifies the sponsor/sender's tax ID number.
N1*IN**FI*654456654~	Specifies the insurance company/receiver's tax ID number.



X12 SYNTAX	COMMENTS
INS*N*19*021*28*A***F~	Beginning of Table 2. Indicates that the dependent (James Doe) is adding coverage as a full time student.
REF*0F*123456789~	John's subscriber ID number.
REF*1L*123456001~	This is the group number assigned by the carrier.
DTP*351*D8*19980515~	The expected graduation date from Penn State is 5/15/1998
NM1*IL*1*DOE*JAMES*E***34* 103229876~	Dependents name and ssn.
DMG*D8*19770816*M~	This is James date of birth and gender
NM1*M8*2*PENN STATE UNIVERSITY~	This is the school that James attends.
HD*021*HLT~	James is enrolling in a health benefit.
DTP*348*D8*19960601~	The benefits under this plan begin 6/01/1996
SE*15*12345~	End of transaction set. 15 segments were sent and the control number in the ST segment is 12345.

### 3.3 Business Case Scenario 3 -- Enroll an Employee in a Managed Care Product

William Smith is enrolling in the HMO product effective 6/1/1996. He has selected Dr. Bernard Brown as his primary care physician for the program. Mr. Smith is already Dr. Brown's patient. Dr. Brown's provider number is 143766.

X12 SYNTAX	COMMENTS
ST*834*0001*005010X220~	Used to indicate the start of a transaction set and to specify a transaction set control number.
BGN*00*12456*19980520*1200***2~	This is an original transaction uniquely identified by the sender with reference #12456. The transaction was created on 5/20/1998 at 12:00 Noon.
N1*P5**FI*999888777~	Specifies the sponsor/sender's tax ID number.
N1*IN**FI*654456654~	Specifies the insurance company/receiver's tax ID number.

X12 SYNTAX	COMMENTS
INS*Y*18*021*20*A***FT~	Beginning of Table 2. Indicates that the subscriber (William Smith) is receiving benefits as an active fulltime employee.
REF*0F*202443307~	William's subscriber ID number.
REF*1L*123456001~	This is the group number assigned by the carrier.
DTP*356*D8*19960112~	William first became eligible for coverage on 1/12/96.
NM1*IL*1*SMITH*WILLIAM***** 34*202443307~	Subscriber's name and SSN.
PER*IP***HP*7172343334*WP* 7172341240~	William's home phone number is (717)234-3334 and his work number is (717)234-1240
N3*1715 SOUTHWIND AVENUE~	This is William's street address.
N4*ANYTOWN*PA*171110000~	This is Williams's city, state zip code and county.
DMG*D8*19700614*M~	This is William's date of birth and gender
HD*021**HMO~	William is enrolling in a HMO benefit.
DTP*348*D8*19960601~	The benefits under this plan begin 6/01/1996
LX*01~	This starts the provider information.
NM1*P3*1*BROWN*BERNARD**DR** SV*143766*25~	This gives the provider name, ID number and indicates William is a previous patient of Dr. Brown.
SE*18*12345~	End of transaction set. 18 segments were sent and the control number in the ST segment is 12345.

## 3.4 Business Case Scenario 4 -- Add Subscriber Coverage

William Smith is adding dental coverage as a benefit, which will be effective on 7/1/2002.

X12 SYNTAX	COMMENTS
ST*834*0001*005010X220~	Used to indicate the start of a transaction set and to specify a transaction set control number.

X12 SYNTAX	COMMENTS
BGN*00*12456*20020601*1200****2~	This is an original transaction uniquely identified by the sender with reference #12456. The transaction was created on 6/1/2002 at 12:00 Noon.
REF*38*ABCD012354~	Master policy number (group ID).
N1*P5**FI*999888777~	Specifies the sponsor/sender's tax ID number.
N1*IN**FI*654456654~	Specifies the insurance company/receiver's tax ID number.
INS*Y*18*001*22*A***FT~	Beginning of Table 2. Indicates that the subscriber (William Smith) is updating coverage as an active employee.
REF*0F*202443307~	Williams subscriber ID number.
REF*1L*123456001~	This is the group number assigned by the carrier.
NM1*IL*1*SMITH*WILLIAM**** ZZ*2024433307~	Subscriber's name.
HD*021**DEN~	William is enrolling in the Dental benefit.
DTP*348*D8*20020701~	The benefits under this plan begin 7/1/2002.
SE*12*12345~	End of transaction set. 12 segments were sent and the control number in the ST segment is 12345.

**NOTE**

In the previous example, to remove coverage do the following: change the maintenance type code (HD01) from 021 (addition) to 024 (cancellation/termination), and change the date/time qualifier (DTP01) from 348 (benefit begin) to 349 (benefit end).

## 3.5 Business Case Scenario 5 -- Change subscriber information

John Doe is correcting his date of birth.

X12 SYNTAX	COMMENTS
ST*834*0001*005010X220~	Used to indicate the start of a transaction set and to specify a transaction set control number.

X12 SYNTAX	COMMENTS
BGN*00*12456*19980520*1200****2~	This is an original transaction uniquely identified by the sender with reference #12456. The transaction was created on 5/20/1998 at 12:00 Noon.
N1*P5*GENERIC INC~	Specifies the sponsor/sender's tax ID number.
N1*IN*ABC INSURANCE*FI*654456654~	Specifies the insurance company/receiver's tax ID number.
INS*Y*18*001*25*A***FT~	Beginning of Table 2. Indicates that the subscriber (John Doe) is updating coverage as an active employee.
REF*0F*123456789~	John's subscriber ID number.
REF*1L*123456001~	This is the group number assigned by the carrier.
NM1*IL*1*DOE*JAMES*E***34*103229876~	Members name and ssn.
DMG*D8*19500415*M~	This is John's date of birth and gender
NM1*70*1*DOE*JAMES*E~	Subscriber's name. The NM101 = 70 indicates that this is a change to information previously sent.
DMG*D8*19500416*M~	This is John's incorrect date of birth.
SE*12*12345~	End of transaction set. 12 segments were sent and the control number in the ST segment is 12345.

## 3.6 Business Case Scenario 6 -- Cancel a dependent

John Doe is canceling coverage for his over-age dependent, James, to be effective 8/1/1996.

X12 SYNTAX	COMMENTS
ST*834*0001*005010X220~	Used to indicate the start of a transaction set and to specify a transaction set control number.
BGN*00*12456*19980520*1200****2~	This is an original transaction uniquely identified by the sender with reference #12456. The transaction was created on 5/20/1998 at 12:00 Noon.
REF*38*ABCD012354~	Master policy number (group ID).

X12 SYNTAX	COMMENTS
N1*P5**FI*999888777~	Specifies the sponsor/sender's tax ID number.
N1*IN**FI*654456654~	Specifies the insurance company/receiver's tax ID number.
INS*N*19*024*07*A~	Beginning of Table 2. Indicates that the dependent (James Doe) is terminating all coverage's.
REF*0F*123456789~	John's subscriber ID number.
REF*1L*123456001~	This is the group number assigned by the carrier.
DTP*357*D8*19960801~	The benefits under this plan are terminating 8/01/1996.
NM1*IL*1*DOE*JAMES*E***34* 103229876~	Dependent's name and SSN.
DMG*D8*19770816*M~	This is James' date of birth and gender.
SE*12*12345~	End of transaction set. 12 segments were sent and the control number in the ST segment is 12345.

## 3.7 Business Case Scenario 7 -- Terminate Eligibility for a Subscriber

The eligibility for John Doe is being canceled because he terminated employment on 10/1/1996.

X12 SYNTAX	COMMENTS
ST*834*0001*005010X220~	Used to indicate the start of a transaction set and to specify a transaction set control number.
BGN*00*12456*19980520*1200****2~	This is an original transaction uniquely identified by the sender with reference #12456. The transaction was created on 5/20/1998 at 12:00 Noon.
N1*P5**FI*999888777~	Specifies the sponsor/sender's tax ID number.
N1*IN**FI*654456654~	Specifies the insurance company/receiver's tax ID number.
INS*Y*18*024*08*A***TE~	Beginning of Table 2. Indicates that the subscriber (John Doe) is terminating all coverage.
REF*0F*123456789~	John's subscriber ID number.

X12 SYNTAX	COMMENTS
REF*1L*123456001~	This is the group number assigned by the carrier.
DTP*357*D8*19961001~	The benefits under this plan are terminating 10/01/1996.
NM1*IL*1*DOE*JOHN*E***34* 103229876~	Subscriber's name.
SE*10*12345~	End of transaction set. 10 segments were sent and the control number in the ST segment is 12345.

## 3.8 Business Case Scenario 8 -- Reinstate an Employee

John Doe's contract was incorrectly canceled and is being reinstated.

X12 SYNTAX	COMMENTS
ST*834*0001*005010X220~	Used to indicate the start of a transaction set and to specify a transaction set control number.
BGN*00*12456*19980520*1200***2~	This is an original transaction uniquely identified by the sender with reference #12456. The transaction was created on 5/20/1998 at 12:00 Noon.
REF*38*ABCD012354~	Master policy number (group ID).
N1*P5**FI*999888777~	Specifies the sponsor/sender's tax ID number.
N1*IN**FI*654456654~	Specifies the insurance company/receiver's tax ID number.
INS*Y*18*025*20*A***FT~	Beginning of Table 2. Indicates that the subscriber (John Doe) is reinstating all coverages.
REF*0F*123456789~	John's subscriber ID number.
REF*1L*123456001~	This is the group number assigned by the carrier.
DTP*303*D8*19961001~	The benefits under this plan are reinstated as of 6/01/1996.
NM1*IL*1*DOE*JAMES*E***34* 103229876~	Subscriber's name.
SE*11*12345~	End of transaction set. 11 segments were sent and the control number in the ST segment is 12345.

## 3.9 Business Case Scenario 9 -- Reinstate the Employee at the Coverage (HD) Level

William Smith is reinstating his dental coverage.

X12 SYNTAX	COMMENTS
ST*834*0001*005010X220~	Used to indicate the start of a transaction set and to specify a transaction set control number.
BGN*00*12456*20020601*1200****2~	This is an original transaction uniquely identified by the sender with reference #12456. The transaction was created on 6/01/2002 at 12:00 Noon.
REF*38*ABCD012354~	Master policy number (group ID).
N1*P5**FI*999888777~	Specifies the sponsor/sender's tax ID number.
N1*IN**FI*654456654~	Specifies the insurance company/receiver's tax ID number.
INS*Y*18*025**A***FT~	Beginning of Table 2. Indicates that the subscriber (William Smith) is submitting a reinstate to an his existing record.
REF*0F*202443307~	William's subscriber ID number.
REF*1L*123456001~	This is the group number assigned by the carrier.
NM1*IL*1*SMITH*WILLIAM**** ZZ*202443307~	William's subscriber ID number.
HD*025**DEN~	William is reinstating in the Dental benefit.
DTP*348*D8*20020701~	The reinstate of coverage begins 7/1/2002.
SE*12*12345~	End of transaction set. 12 segments were sent and the control number in the ST segment is 12345.

## 3.10 Business Case Scenario 10 -- Reinstate member eligibility (INS)

This example illustrates the reinstatement of the person as eligible without reinstatement of coverage in a particular benefit.

X12 SYNTAX	COMMENTS
ST*834*0001*005010X220~	Used to indicate the start of a transaction set and to specify a transaction set control number.
BGN*00*12456*20020601*1200****2~	This is an original transaction uniquely identified by the sender with reference #12456. The transaction was created on 6/01/2002 at 12:00 Noon.
REF*38*ABCD012354~	Master policy number (group ID).
N1*P5**FI*999888777~	Specifies the sponsor/sender's tax ID number.
N1*IN**FI*654456654~	Specifies the insurance company/receiver's tax ID number.
INS*Y*18*025**A***FT~	Beginning of Table 2. Indicates that the subscriber (William Smith) is submitting a change to his existing record.
REF*0F*202443307~	William's subscriber ID number.
REF*1L*123456001~	This is the group number assigned by the carrier.
NM1*IL*1*SMITH*WILLIAM**** ZZ*2024433307~	Subscriber's name.
SE*10*12345~	End of transaction set. 10 segments were sent and the control number in the ST segment is 12345.



# A External Code Sources

## A.1 External Code Sources

### 5 Countries, Currencies and Funds

#### **SIMPLE DATA ELEMENT/CODE REFERENCES**

26, 100, 1715, 66/38, 235/CH, 955/SP

#### **SOURCE**

Codes for Representation of Names of Countries, ISO 3166-(Latest Release)

Codes for Representation of Currencies and Funds, ISO 4217-(Latest Release)

#### **AVAILABLE FROM**

American National Standards Institute  
25 West 43rd Street, 4th Floor  
New York, NY 10036

#### **ABSTRACT**

Part 1 (Country codes) of the ISO 3166 international standard establishes codes that represent the current names of countries, dependencies, and other areas of special geopolitical interest, on the basis of lists of country names obtained from the United Nations. Part 2 (Country subdivision codes) establishes a code that represents the names of the principal administrative divisions, or similar areas, of the countries, etc. included in Part 1. Part 3 (Codes for formerly used names of countries) establishes a code that represents non-current country names, i.e., the country names deleted from ISO 3166 since its first publication in 1974. Most currencies are those of the geopolitical entities that are listed in ISO 3166 Part 1, Codes for the Representation of Names of Countries. The code may be a three-character alphabetic or three-digit numeric. The two leftmost characters of the alphabetic code identify the currency authority to which the code is assigned (using the two character alphabetic code from ISO 3166 Part 1, if applicable). The rightmost character is a mnemonic derived from the name of the major currency unit or fund. For currencies not associated with a single geographic entity, a specially-allocated two-character alphabetic code, in the range XA to XZ identifies the currency authority. The rightmost character is derived from the name of the geographic area concerned, and is mnemonic to the extent possible. The numeric codes are identical to those assigned to the geographic entities listed in ISO 3166 Part 1. The range 950-998

is reserved for identification of funds and currencies not associated with a single entity listed in ISO 3166 Part 1.

## 22 States and Provinces

### **SIMPLE DATA ELEMENT/CODE REFERENCES**

156, 66/SJ, 235/A5, 771/009

### **SOURCE**

U.S. Postal Service or

Canada Post or

Bureau of Transportation Statistics

### **AVAILABLE FROM**

The U.S. state codes may be obtained from:

U.S. Postal Service

National Information Data Center

P.O. Box 2977

Washington, DC 20013

[www.usps.gov](http://www.usps.gov)

The Canadian province codes may be obtained from:

<http://www.canadapost.ca>

The Mexican state codes may be obtained from:

[www.bts.gov/ntda/tbscd/mex-states.html](http://www.bts.gov/ntda/tbscd/mex-states.html)

### **ABSTRACT**

Provides names, abbreviations, and two character codes for the states, provinces and sub-country divisions as defined by the appropriate government agency of the United States, Canada, and Mexico.

## 51 ZIP Code

### **SIMPLE DATA ELEMENT/CODE REFERENCES**

116, 66/16, 309/PQ, 309/PR, 309/PS, 771/010

### **SOURCE**

National ZIP Code and Post Office Directory, Publication 65

The USPS Domestic Mail Manual

**AVAILABLE FROM**

U.S Postal Service  
Washington, DC 20260  
New Orders  
Superintendent of Documents  
P.O. Box 371954  
Pittsburgh, PA 15250-7954

**ABSTRACT**

The ZIP Code is a geographic identifier of areas within the United States and its territories for purposes of expediting mail distribution by the U.S. Postal Service. It is five or nine numeric digits. The ZIP Code structure divides the U.S. into ten large groups of states. The leftmost digit identifies one of these groups. The next two digits identify a smaller geographic area within the large group. The two rightmost digits identify a local delivery area. In the nine-digit ZIP Code, the four digits that follow the hyphen further subdivide the delivery area. The two leftmost digits identify a sector which may consist of several large buildings, blocks or groups of streets. The rightmost digits divide the sector into segments such as a street, a block, a floor of a building, or a cluster of mailboxes. The USPS Domestic Mail Manual includes information on the use of the new 11-digit zip code.

## 94 International Organization for Standardization (Date and Time)

**SIMPLE DATA ELEMENT/CODE REFERENCES**

623

**SOURCE**

ISO 8601

**AVAILABLE FROM**

American National Standards Institute  
25 West 43rd Street, 4th Floor  
New York, NY 10036

**ABSTRACT**

ISO Standards code list for representation of date and time.

## 102 Languages

### **SIMPLE DATA ELEMENT/CODE REFERENCES**

819, 66/LE

### **SOURCE**

Code for the representation of names of languages (ISO 639)

### **AVAILABLE FROM**

American National Standards Institute  
25 West 43rd Street, 4th Floor  
New York, NY 10036

### **ABSTRACT**

A set of symbols used to designate languages.

## 131 International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)

### **SIMPLE DATA ELEMENT/CODE REFERENCES**

128/ICD, 235/DX, 235/ID, 1270/BF, 1270/BJ, 1270/BK, 1270/BN, 1270/BQ, 1270/BR, 1270/DD, 1270/PR, 1270/SD, 1270/TD, 1270/AAU, 1270/AAV, 1270/AAX

### **SOURCE**

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes I, II and III

### **AVAILABLE FROM**

Superintendent of Documents  
U.S. Government Printing Office  
P.O. Box 371954  
Pittsburgh, PA 15250

### **ABSTRACT**

The International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes I, II (diagnoses) and III (procedures) describes the classification of morbidity and mortality information for statistical purposes and for the indexing of healthcare records by diseases and procedures.

## 206 Government Bill of Lading Office Code

### **SIMPLE DATA ELEMENT/CODE REFERENCES**

309

### **SOURCE**

Defense Traffic Management Regulation (DTMR), Appendix I - Government Bill of Lading Codes

### **AVAILABLE FROM**

Military Traffic Management Command (MTMC)  
Attn: Programs and Systems Support (MTIN-P)  
5611 Columbia Pike  
Falls Church, VA 22041-5050

### **ABSTRACT**

Defines the regulations for managing the transportation of goods owned or purchased by the Department of Defense.

## 307 National Council for Prescription Drug Programs Pharmacy Number

### **SIMPLE DATA ELEMENT/CODE REFERENCES**

128/D3

### **SOURCE**

National Council for Prescription Drug Programs (NCPDP) Provider Number Database and Listing

### **AVAILABLE FROM**

National Council for Prescription Drug Programs (NCPDP)  
9240 East Raintree Drive  
Scottsdale, AZ 85260

### **ABSTRACT**

A unique number assigned in the U.S. and its territories to individual clinic, hospital, chain, and independent pharmacy and dispensing physician locations that conduct business by billing third-party and dispensing physician locations that conduct business by billing third-party drug benefit payers. The National Council for Prescription Drug Programs (NCPDP) maintains this database. The NCPDP Provider Number is a

seven-digit number with the following format SSNNNNC, where SS=NCPDP assigned state code number, NNNN=sequential numbering scheme assigned to pharmacy locations, and C=check digit calculate by algorithm from previous six digits.

## **457 NISO Z39.53 Language Code List**

### **SIMPLE DATA ELEMENT/CODE REFERENCES**

66/LD

### **SOURCE**

Code list for the representation of names of written languages (NISO Z39.53)

### **AVAILABLE FROM**

National Information Standards Organization Press  
P.O. 338  
Oxon Hill, MD 20750-0338

### **ABSTRACT**

A set of codes to designate written languages.

## **537 Centers for Medicare and Medicaid Services National Provider Identifier**

### **SIMPLE DATA ELEMENT/CODE REFERENCES**

66/XX, 128/HPI

### **SOURCE**

National Provider System

### **AVAILABLE FROM**

Centers for Medicare and Medicaid Services  
Office of Financial Management  
Division of Provider/Supplier Enrollment  
C4-10-07  
7500 Security Boulevard  
Baltimore, MD 21244-1850

### **ABSTRACT**

The Centers for Medicare and Medicaid Services is developing the National Provider Identifier (NPI), which has been proposed as the standard unique identifier for each

health care provider under the Health Insurance Portability and Accountability Act of 1996.

## **540 Centers for Medicare and Medicaid Services PlanID**

### **SIMPLE DATA ELEMENT/CODE REFERENCES**

66/XV, 128/ABY

### **SOURCE**

PlanID Database

### **AVAILABLE FROM**

Centers for Medicare and Medicaid Services  
Center of Beneficiary Services, Membership Operations Group  
Division of Benefit Coordination  
S1-05-06  
7500 Security Boulevard  
Baltimore, MD 21244-1850

### **ABSTRACT**

The Centers for Medicare and Medicaid Services has joined with other payers to develop a unique national payer identification number. The Centers for Medicare and Medicaid Services is the authorizing agent for enumerating payers through the services of a PlanID Registrar. It may also be used by other payers on a voluntary basis.

## **859 Classification of Race or Ethnicity**

### **SIMPLE DATA ELEMENT/CODE REFERENCES**

1270/RET

### **SOURCE**

Classification of Race or Ethnicity

### **AVAILABLE FROM**

Health Information and Surveillance Systems Board  
Centers for Disease Control and Prevention  
Mailstop C08  
1600 Clifton Road, NE  
Atlanta, Georgia 30333

### **ABSTRACT**

The Classification of Race or Ethnicity provides a detailed, hierarchical classification of race and ethnicity that complies with the U.S. Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity and is consistent with the classification of race and ethnicity used by the U.S. Bureau of the Census.

## **860 Race or Ethnicity Collection Code**

### **SIMPLE DATA ELEMENT/CODE REFERENCES**

1270/REC

### **SOURCE**

Race or Ethnicity Collection Code

### **AVAILABLE FROM**

Health Information and Surveillance Systems Board  
Centers for Disease Control and Prevention  
Mailstop C08  
1600 Clifton Road, NE  
Atlanta, Georgia 30333

### **ABSTRACT**

The Race or Ethnicity Collection code provides a method of describing how information on race or ethnicity is collected in various data gathering systems.

## **896 International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS)**

### **SIMPLE DATA ELEMENT/CODE REFERENCES**

235/IP, 1270/BBQ, 1270/BBR

### **SOURCE**

International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS)

### **AVAILABLE FROM**

CMM, HAPG, Division of Acute Care  
Centers for Medicare and Medicaid Services  
7500 Security Boulevard



Baltimore, MD 21244

**ABSTRACT**

The International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS), describes the classification of inpatient procedures for statistical purposes and for the indexing of healthcare records by procedures.

## 932 Universal Postal Codes

**SIMPLE DATA ELEMENT/CODE REFERENCES**

116

**SOURCE**

Universal Postal Union website

**AVAILABLE FROM**

International Bureau of the Universal Postal Union

POST\*CODE

Case postale 13

3000 BERNE 15 Switzerland

**ABSTRACT**

The postcode is the fundamental, essential element of an address. A unique, universal identifier, it unambiguously identifies the addressee's locality and assists in the transmission and sorting of mail items. At present, 105 UPU member countries use postcodes as part of their addressing systems.

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# B Nomenclature

## B.1 ASC X12 Nomenclature

### B.1.1 Interchange and Application Control Structures

Appendix B is provided as a reference to the X12 syntax, usage, and related information. It is not a full statement of Interchange and Control Structure rules. The full X12 Interchange and Control Structures and other rules (X12.5, X12.6, X12.59, X12 dictionaries, other X12 standards and official documents) apply unless specifically modified in the detailed instructions of this implementation guide (see Section B.1.1.3.1.2 - *Decimal* for an example of such a modification).

#### B.1.1.1 Interchange Control Structure

The transmission of data proceeds according to very strict format rules to ensure the integrity and maintain the efficiency of the interchange. Each business grouping of data is called a transaction set. For instance, a group of benefit enrollments sent from a sponsor to a payer is considered a transaction set.

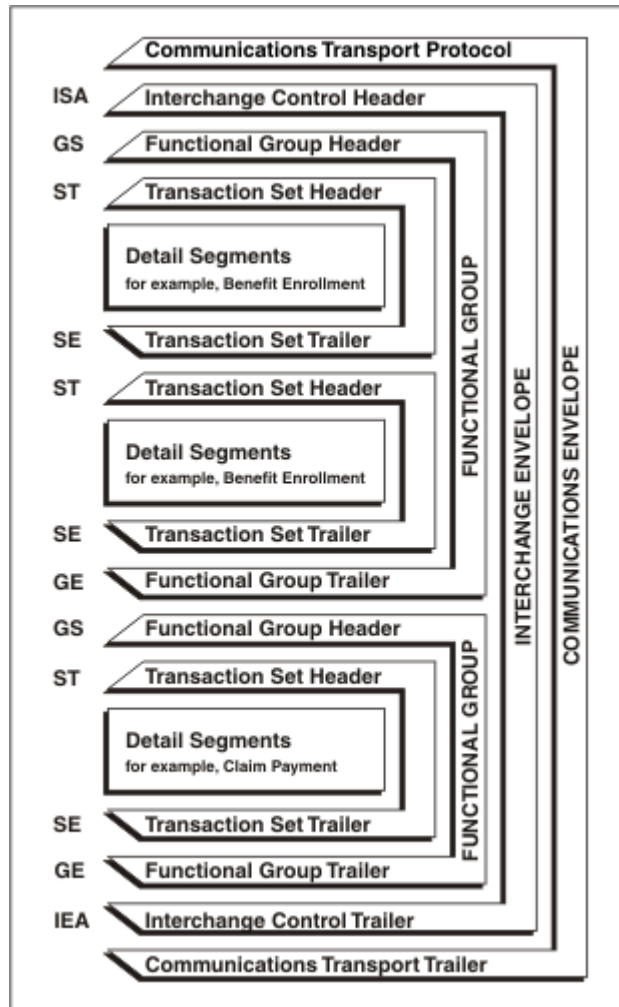
Each transaction set contains groups of logically related data in units called segments. For instance, the N4 segment used in the transaction set conveys the city, state, ZIP Code, and other geographic information. A transaction set contains multiple segments, so the addresses of the different parties, for example, can be conveyed from one computer to the other. An analogy would be that the transaction set is like a freight train; the segments are like the train's cars; and each segment can contain several data elements the same as a train car can hold multiple crates.

The sequence of the elements within one segment is specified by the ASC X12 standard as well as the sequence of segments in the transaction set. In a more conventional computing environment, the segments would be equivalent to records, and the elements equivalent to fields.

Similar transaction sets, called "functional groups," can be sent together within a transmission. Each functional group is prefaced by a group start segment; and a functional group is terminated by a group end segment. One or more functional groups are prefaced by an interchange header and followed by an interchange trailer.

Figure B.1 - *Transmission Control Schematic*, illustrates this interchange control.

Figure B.1 - Transmission Control Schematic



The interchange header and trailer segments envelop one or more functional groups or interchange-related control segments and perform the following functions:

1. Define the data element separators and the data segment terminator.
2. Identify the sender and receiver.
3. Provide control information for the interchange.
4. Allow for authorization and security information.

## B.1.1.2 Application Control Structure Definitions and Concepts

### B.1.1.2.1 Basic Structure

A data element corresponds to a data field in data processing terminology. A data segment corresponds to a record in data processing terminology. The data segment

begins with a segment ID and contains related data elements. A control segment has the same structure as a data segment; the distinction is in the use. The data segment is used primarily to convey user information, but the control segment is used primarily to convey control information and to group data segments.

### B.1.1.2.2 Basic Character Set

The section that follows is designed to have representation in the common character code schemes of EBCDIC, ASCII, and CCITT International Alphabet 5. The ASC X12 standards are graphic-character-oriented; therefore, common character encoding schemes other than those specified herein may be used as long as a common mapping is available. Because the graphic characters have an implied mapping across character code schemes, those bit patterns are not provided here.

The basic character set of this standard, shown in Table B.1 - *Basic Character Set*, includes those selected from the uppercase letters, digits, space, and special characters as specified below.

Table B.1 - Basic Character Set

A...Z	0...9	!		&		(	)	+	*
,	-	.	/	:	;	?	=	□ (space)	

### B.1.1.2.3 Extended Character Set

An extended character set may be used by negotiation between the two parties and includes the lowercase letters and other special characters as specified in Table B.2 - *Extended Character Set*.

Table B.2 - Extended Character Set

a...z	%	~	@	[	]	_	{
}	\		<	>	#	\$	

Note that the extended characters include several character codes that have multiple graphical representations for a specific bit pattern. The complete list appears in other standards such as CCITT S.5. Use of the USA graphics for these codes presents no problem unless data is exchanged with an international partner. Other problems, such as the translation of item descriptions from English to French, arise when exchanging data with an international partner, but minimizing the use of codes with multiple graphics eliminates one of the more obvious problems.

For implementations compliant with this guide, either the entire extended character set must be acceptable, or the entire extended character set must not be used. In the absence of a specific trading partner agreement to the contrary, trading partners will assume that the extended character set is acceptable. Use of the extended character set allows the use of the "@" character in email addresses within the PER segment. Users should note that characters in the extended character set, as well as the basic character set, may be used as delimiters only when they do not occur in the data as stated in Section B.1.1.2.4.1 - *Base Control Set*.

#### B.1.1.2.4 Control Characters

Two control character groups are specified; they have restricted usage. The common notation for these groups is also provided, together with the character coding in three common alphabets. In Table B.3 - *Base Control Set*, the column IA5 represents CCITT V.3 International Alphabet 5.

##### B.1.1.2.4.1 Base Control Set

The base control set includes those characters that will not have a disruptive effect on most communication protocols. These are represented by:

*Table B.3 - Base Control Set*

NOTATION	NAME	EBCDIC	ASCII	IA5
BEL	bell	2F	07	07
HT	horizontal tab	05	09	09
LF	line feed	25	0A	0A
VT	vertical tab	0B	0B	0B
FF	form feed	0C	0C	0C
CR	carriage return	0D	0D	0D
FS	file separator	1C	1C	1C
GS	group separator	1D	1D	1D
RS	record separator	1E	1E	1E
US	unit separator	1F	1F	1F
NL	new line	15		

The Group Separator (GS) may be an exception in this set because it is used in the 3780 communications protocol to indicate blank space compression.

#### B.1.1.2.4.2 Extended Control Set

The extended control set includes those that may have an effect on a transmission system. These are shown in Table B.4 - *Extended Control Set*.

*Table B.4 - Extended Control Set*

NOTATION	NAME	EBCDIC	ASCII	IA5
SOH	start of header	01	01	01
STX	start of text	02	02	02
ETX	end of text	03	03	03
EOT	end of transmission	37	04	04
ENQ	enquiry	2D	05	05
ACK	acknowledge	2E	06	06
DC1	device control 1	11	11	11
DC2	device control 2	12	12	12
DC3	device control 3	13	13	13
DC4	device control 4	3C	14	14
NAK	negative acknowledge	3D	15	15
SYN	synchronous idle	32	16	16
ETB	end of block	26	17	17

#### B.1.1.2.5 Delimiters

A delimiter is a character used to separate two data elements or component elements or to terminate a segment. The delimiters are an integral part of the data.

Delimiters are specified in the interchange header segment, ISA. The ISA segment can be considered in implementations compliant with this guide (see Appendix C, ISA Segment Note 1) to be a 105 byte fixed length record, followed by a segment terminator. The data element separator is byte number 4; the repetition separator is byte number

83; the component element separator is byte number 105; and the segment terminator is the byte that immediately follows the component element separator.

Once specified in the interchange header, the delimiters are not to be used in a data element value elsewhere in the interchange. For consistency, this implementation guide uses the delimiters shown in Table B.5 - *Delimiters*, in all examples of EDI transmissions.

*Table B.5 - Delimiters*

CHARACTER	NAME	DELIMITER
*	Asterisk	Data Element Separator
^	Carat	Repetition Separator
:	Colon	Component Element Separator
~	Tilde	Segment Terminator

The delimiters above are for illustration purposes only and are not specific recommendations or requirements. Users of this implementation guide should be aware that an application system may use some valid delimiter characters within the application data. Occurrences of delimiter characters in transmitted data within a data element will result in errors in translation. The existence of asterisks (\*) within transmitted application data is a known issue that can affect translation software.

### B.1.1.3 Business Transaction Structure Definitions and Concepts

The ASC X12 standards define commonly used business transactions (such as a health care claim) in a formal structure called "transaction sets." A transaction set is composed of a transaction set header control segment, one or more data segments, and a transaction set trailer control segment. Each segment is composed of the following:

- A unique segment ID
- One or more logically related data elements each preceded by a data element separator
- A segment terminator

#### B.1.1.3.1 Data Element

The data element is the smallest named unit of information in the ASC X12 standard. Data elements are identified as either simple or component. A data element that occurs as an ordinally positioned member of a composite data structure is identified as a component data element. A data element that occurs in a segment outside the defined boundaries of a composite data structure is identified as a simple data element. The



distinction between simple and component data elements is strictly a matter of context because a data element can be used in either capacity.

Data elements are assigned a unique reference number. Each data element has a name, description, type, minimum length, and maximum length. For ID type data elements, this guide provides the applicable ASC X12 code values and their descriptions or references where the valid code list can be obtained.

A simple data element within a segment may have an attribute indicating that it may occur once or a specific number of times more than once. The number of permitted repeats are defined as an attribute in the individual segment where the repeated data element occurs.

Each data element is assigned a minimum and maximum length. The length of the data element value is the number of character positions used except as noted for numeric, decimal, and binary elements.

The data element types shown in Table B.6 - *Data Element Types*, appear in this implementation guide.

**Table B.6 - Data Element Types**

<b>SYMBOL</b>	<b>TYPE</b>
Nn	Numeric
R	Decimal
ID	Identifier
AN	String
DT	Date
TM	Time
B	Binary

The data element minimum and maximum lengths may be restricted in this implementation guide for a compliant implementation. Such restrictions may occur by virtue of the allowed qualifier for the data element or by specific instructions regarding length or format as stated in this implementation guide.

#### **B.1.1.3.1.1 Numeric**

A numeric data element is represented by one or more digits with an optional leading sign representing a value in the normal base of 10. The value of a numeric data element includes an implied decimal point. It is used when the position of the decimal point within the data is permanently fixed and is not to be transmitted with the data.

This set of guides denotes the number of implied decimal positions. The representation for this data element type is "Nn" where N indicates that it is numeric and n indicates the number of decimal positions to the right of the implied decimal point.

If n is 0, it need not appear in the specification; N is equivalent to N0. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) must not be transmitted.

#### **EXAMPLE**

A transmitted value of 1234, when specified as numeric type N2, represents a value of 12.34.

Leading zeros must be suppressed unless necessary to satisfy a minimum length requirement. The length of a numeric type data element does not include the optional sign.

#### **B.1.1.3.1.2 Decimal**

A decimal data element may contain an explicit decimal point and is used for numeric values that have a varying number of decimal positions. This data element type is represented as "R."

The decimal point always appears in the character stream if the decimal point is at any place other than the right end. If the value is an integer (decimal point at the right end) the decimal point must be omitted. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) must not be transmitted.

Leading zeros must be suppressed unless necessary to satisfy a minimum length requirement. Trailing zeros following the decimal point must be suppressed unless necessary to indicate precision. The use of triad separators (for example, the commas in 1,000,000) is expressly prohibited. The length of a decimal type data element does not include the optional leading sign or decimal point.

#### **EXAMPLE**

A transmitted value of 12.34 represents a decimal value of 12.34.

While the ASC X12 standard supports usage of exponential notation, this guide prohibits that usage.

For implementation of this guide under the rules promulgated under the Health Insurance Portability and Accountability Act (HIPAA), decimal data elements in Data Element 782 (Monetary Amount) will be limited to a maximum length of 10 characters including reported or implied places for cents (implied value of 00 after the decimal point). Note the statement in the preceding paragraph that the decimal point and leading sign, if sent, are not part of the character count.

### **EXAMPLE**

For implementations mandated under HIPAA rules:

- The following transmitted value represents the largest positive dollar amount that can be sent: 99999999.99
- The following transmitted value is the longest string of characters that can be sent representing whole dollars: 99999999
- The following transmitted value is the longest string of characters that can be sent representing negative dollars and cents: -99999999.99
- The following transmitted value is the longest string of characters that can be sent representing negative whole dollars: -99999999

#### **B.1.1.3.1.3 Identifier**

An identifier data element always contains a value from a predefined list of codes that is maintained by the ASC X12 Committee or some other body recognized by the Committee. Trailing spaces must be suppressed unless they are necessary to satisfy a minimum length. An identifier is always left justified. The representation for this data element type is "ID."

#### **B.1.1.3.1.4 String**

A string data element is a sequence of any characters from the basic or extended character sets. The string data element must contain at least one non-space character. The significant characters shall be left justified. Leading spaces, when they occur, are presumed to be significant characters. Trailing spaces must be suppressed unless they are necessary to satisfy a minimum length. The representation for this data element type is "AN."

#### **B.1.1.3.1.5 Date**

A date data element is used to express the standard date in either YYMMDD or CCYYMMDD format in which CC is the first two digits of the calendar year, YY is the last two digits of the calendar year, MM is the month (01 to 12), and DD is the day in the

month (01 to 31). The representation for this data element type is "DT." Users of this guide should note that all dates within transactions are 8-character dates (millennium compliant) in the format CCYYMMDD. The only date data element that is in format YYMMDD is the Interchange Date data element in the ISA segment and the TA1 segment where the century is easily determined because of the nature of an interchange header.

#### **B.1.1.3.1.6 Time**

A time data element is used to express the ISO standard time HHMMSSd..d format in which HH is the hour for a 24 hour clock (00 to 23), MM is the minute (00 to 59), SS is the second (00 to 59) and d..d is decimal seconds. The representation for this data element type is "TM." The length of the data element determines the format of the transmitted time.

#### **EXAMPLE**

Transmitted data elements of four characters denote HHMM. Transmitted data elements of six characters denote HHMMSS.

#### **B.1.1.3.1.7 Binary**

The binary data element is any sequence of octets ranging in value from binary 00000000 to binary 11111111. This data element type has no defined maximum length. Actual length is specified by the immediately preceding data element. Within the body of a transaction set (from ST to SE) implemented according to this technical report, the binary data element type is only used in the segments Binary Data Segment BIN, and Binary Data Structure BDS. Within those segments, Data Element 785 Binary Data is a string of octets which can assume any binary pattern from hexadecimal 00 to FF, and can be used to send text as well as coded data, including data from another application in its native format. The binary data type is also used in some control and security structures.

Not all transaction sets use the Binary Data Segment BIN or Binary Data Structure BDS.

#### **B.1.1.3.2 Repeating Data Elements**

Simple or composite data elements within a segment can be designated as repeating data elements. Repeating data elements are adjacent data elements that occur up to a number of times specified in the standard as number of repeats. The implementation guide may also specify the number of repeats of a repeating data element in a specific location in the transaction that are permitted in a compliant implementation. Adjacent occurrences of the same repeating simple data element or composite data structure in a segment shall be separated by a repetition separator.

### **B.1.1.3.3 Composite Data Structure**

The composite data structure is an intermediate unit of information in a segment. Composite data structures are composed of one or more logically related simple data elements, each, except the last, followed by a sub-element separator. The final data element is followed by the next data element separator or the segment terminator. Each simple data element within a composite is called a component.

Each composite data structure has a unique four-character identifier, a name, and a purpose. The identifier serves as a label for the composite. A composite data structure can be further defined through the use of syntax notes, semantic notes, and comments. Each component within the composite is further characterized by a reference designator and a condition designator. The reference designators and the condition designators are described in Section B.1.1.3.8 - *Reference Designator* and Section B.1.1.3.9 - *Condition Designator*.

A composite data structure within a segment may have an attribute indicating that it may occur once or a specific number of times more than once. The number of permitted repeats are defined as an attribute in the individual segment where the repeated composite data structure occurs.

### **B.1.1.3.4 Data Segment**

The data segment is an intermediate unit of information in a transaction set. In the data stream, a data segment consists of a segment identifier, one or more composite data structures or simple data elements each preceded by a data element separator and succeeded by a segment terminator.

Each data segment has a unique two- or three-character identifier, a name, and a purpose. The identifier serves as a label for the data segment. A segment can be further defined through the use of syntax notes, semantic notes, and comments. Each simple data element or composite data structure within the segment is further characterized by a reference designator and a condition designator.

### **B.1.1.3.5 Syntax Notes**

Syntax notes describe relational conditions among two or more data segment units within the same segment, or among two or more component data elements within the same composite data structure. For a complete description of the relational conditions, See Section B.1.1.3.9 - *Condition Designator*.

### **B.1.1.3.6 Semantic Notes**

Simple data elements or composite data structures may be referenced by a semantic note within a particular segment. A semantic note provides important additional information regarding the intended meaning of a designated data element, particularly a generic type, in the context of its use within a specific data segment. Semantic notes may also define a relational condition among data elements in a segment based on the presence of a specific value (or one of a set of values) in one of the data elements.

### **B.1.1.3.7 Comments**

A segment comment provides additional information regarding the intended use of the segment.

### **B.1.1.3.8 Reference Designator**

Each simple data element or composite data structure in a segment is provided a structured code that indicates the segment in which it is used and the sequential position within the segment. The code is composed of the segment identifier followed by a two-digit number that defines the position of the simple data element or composite data structure in that segment.

For purposes of creating reference designators, the composite data structure is viewed as the hierarchical equal of the simple data element. Each component data element in a composite data structure is identified by a suffix appended to the reference designator for the composite data structure of which it is a member. This suffix is prefixed with a hyphen and defines the position of the component data element in the composite data structure.

#### **EXAMPLE**

- The first simple element of the CLP segment would be identified as CLP01.
- The first position in the SVC segment is occupied by a composite data structure that contains seven component data elements, the reference designator for the second component data element would be SVC01-02.

### **B.1.1.3.9 Condition Designator**

This section provides information about X12 standard conditions designators. It is provided so that users will have information about the general standard. Implementation guides may impose other conditions designators. See implementation guide section 2.1 Presentation Examples for detailed information about the implementation guide Industry Usage requirements for compliant implementation.

Data element conditions are of three types: mandatory, optional, and relational. They define the circumstances under which a data element may be required to be present or not present in a particular segment.

Table B.7 - Condition Designator

DESIGNATOR	DESCRIPTION								
M- Mandatory	The designation of mandatory is absolute in the sense that there is no dependency on other data elements. This designation may apply to either simple data elements or composite data structures. If the designation applies to a composite data structure, then at least one value of a component data element in that composite data structure shall be included in the data segment.								
O- Optional	The designation of optional means that there is no requirement for a simple data element or composite data structure to be present in the segment. The presence of a value for a simple data element or the presence of value for any of the component data elements of a composite data structure is at the option of the sender.								
X- Relational	Relational conditions may exist among two or more simple data elements within the same data segment based on the presence or absence of one of those data elements (presence means a data element must not be empty). Relational conditions are specified by a condition code (see table below) and the reference designators of the affected data elements. A data element may be subject to more than one relational condition.								
	The definitions for each of the condition codes used within syntax notes are detailed below:								
	<table><tr><th>CONDITION CODE</th><th>DEFINITION</th></tr><tr><td>P- Paired or Multiple</td><td>If any element specified in the relational condition is present, then all of the elements specified must be present.</td></tr><tr><td>R- Required</td><td>At least one of the elements specified in the condition must be present.</td></tr><tr><td>E- Exclusion</td><td>Not more than one of the elements specified in the condition may be present.</td></tr></table>	CONDITION CODE	DEFINITION	P- Paired or Multiple	If any element specified in the relational condition is present, then all of the elements specified must be present.	R- Required	At least one of the elements specified in the condition must be present.	E- Exclusion	Not more than one of the elements specified in the condition may be present.
CONDITION CODE	DEFINITION								
P- Paired or Multiple	If any element specified in the relational condition is present, then all of the elements specified must be present.								
R- Required	At least one of the elements specified in the condition must be present.								
E- Exclusion	Not more than one of the elements specified in the condition may be present.								



DESIGNATOR	DESCRIPTION	
	C- Conditional	If the first element specified in the condition is present, then all other elements must be present. However, any or all of the elements not specified as the first element in the condition may appear without requiring that the first element be present. The order of the elements in the condition does not have to be the same as the order of the data elements in the data segment.
	L- List Conditional	If the first element specified in the condition is present, then at least one of the remaining elements must be present. However, any or all of the elements not specified as the first element in the condition may appear without requiring that the first element be present. The order of the elements in the condition does not have to be the same as the order of the data elements in the data segment.

#### B.1.1.3.10 Absence of Data

Any simple data element that is indicated as mandatory must not be empty if the segment is used. At least one component data element of a composite data structure that is indicated as mandatory must not be empty if the segment is used. Optional simple data elements and/or composite data structures and their preceding data element separators that are not needed must be omitted if they occur at the end of a segment. If they do not occur at the end of the segment, the simple data element values and/or composite data structure values may be omitted. Their absence is indicated by the occurrence of their preceding data element separators, in order to maintain the element's or structure's position as defined in the data segment.

Likewise, when additional information is not necessary within a composite, the composite may be terminated by providing the appropriate data element separator or segment terminator.

If a segment has no data in any data element within the segment (an "empty" segment), that segment must not be sent.

### **B.1.1.3.11 Control Segments**

A control segment has the same structure as a data segment, but it is used for transferring control information rather than application information.

#### **B.1.1.3.11.1 Loop Control Segments**

Loop control segments are used only to delineate bounded loops. Delineation of the loop shall consist of the loop header (LS segment) and the loop trailer (LE segment). The loop header defines the start of a structure that must contain one or more iterations of a loop of data segments and provides the loop identifier for this loop. The loop trailer defines the end of the structure. The LS segment appears only before the first occurrence of the loop, and the LE segment appears only after the last occurrence of the loop. Unbounded looping structures do not use loop control segments.

#### **B.1.1.3.11.2 Transaction Set Control Segments**

The transaction set is delineated by the transaction set header (ST segment) and the transaction set trailer (SE segment). The transaction set header identifies the start and identifier of the transaction set. The transaction set trailer identifies the end of the transaction set and provides a count of the data segments, which includes the ST and SE segments.

#### **B.1.1.3.11.3 Functional Group Control Segments**

The functional group is delineated by the functional group header (GS segment) and the functional group trailer (GE segment). The functional group header starts and identifies one or more related transaction sets and provides a control number and application identification information. The functional group trailer defines the end of the functional group of related transaction sets and provides a count of contained transaction sets.

#### **B.1.1.3.11.4 Relations among Control Segments**

The control segment of this standard must have a nested relationship as is shown and annotated in this subsection. The letters preceding the control segment name are the segment identifier for that control segment. The indentation of segment identifiers shown below indicates the subordination among control segments.

**GS** Functional Group Header, starts a group of related transaction sets.

**ST** Transaction Set Header, starts a transaction set.

**LS** Loop Header, starts a bounded loop of data segments but is not part of the loop.

**LS** Loop Header, starts an inner, nested, bounded loop.

**LE** Loop Trailer, ends an inner, nested bounded loop.

**LE** Loop Trailer, ends a bounded loop of data segments but is not part of the loop.

**SE** Transaction Set Trailer, ends a transaction set.

**GE** Functional Group Trailer, ends a group of related transaction sets.

More than one ST/SE pair, each representing a transaction set, may be used within one functional group. Also more than one LS/LE pair, each representing a bounded loop, may be used within one transaction set.

### **B.1.1.3.12 Transaction Set**

The transaction set is the smallest meaningful set of information exchanged between trading partners. The transaction set consists of a transaction set header segment, one or more data segments in a specified order, and a transaction set trailer segment. See Figure B.1 - *Transmission Control Schematic*.

#### **B.1.1.3.12.1 Transaction Set Header and Trailer**

A transaction set identifier uniquely identifies a transaction set. This identifier is the first data element of the Transaction Set Header Segment (ST). A user assigned transaction set control number in the header must match the control number in the Trailer Segment (SE) for any given transaction set. The value for the number of included segments in the SE segment is the total number of segments in the transaction set, including the ST and SE segments.

#### **B.1.1.3.12.2 Data Segment Groups**

The data segments in a transaction set may be repeated as individual data segments or as unbounded or bounded loops.

#### **B.1.1.3.12.3 Repeated Occurrences of Single Data Segments**

When a single data segment is allowed to be repeated, it may have a specified maximum number of occurrences defined at each specified position within a given transaction set standard. Alternatively, a segment may be allowed to repeat an unlimited number of times. The notation for an unlimited number of repetitions is ">1."

#### **B.1.1.3.12.4 Loops of Data Segments**

Loops are groups of semantically related segments. Data segment loops may be unbounded or bounded.

#### **Unbounded Loops**

To establish the iteration of a loop, the first data segment in the loop must appear once and only once in each iteration. Loops may have a specified maximum number of

repetitions. Alternatively, the loop may be specified as having an unlimited number of iterations. The notation for an unlimited number of repetitions is ">1."

A specified sequence of segments is in the loop. Loops themselves are optional or mandatory. The requirement designator of the beginning segment of a loop indicates whether at least one occurrence of the loop is required. Each appearance of the beginning segment defines an occurrence of the loop.

The requirement designator of any segment within the loop after the beginning segment applies to that segment for each occurrence of the loop. If there is a mandatory requirement designator for any data segment within the loop after the beginning segment, that data segment is mandatory for each occurrence of the loop. If the loop is optional, the mandatory segment only occurs if the loop occurs.

### **Bounded Loops**

The characteristics of unbounded loops described previously also apply to bounded loops. In addition, bounded loops require a Loop Start Segment (LS) to appear before the first occurrence and a Loop End Segment (LE) to appear after the last consecutive occurrence of the loop. If the loop does not occur, the LS and LE segments are suppressed.

#### **B.1.1.3.12.5 Data Segments in a Transaction Set**

When data segments are combined to form a transaction set, three characteristics are applied to each data segment: a requirement designator, a position in the transaction set, and a maximum occurrence.

#### **B.1.1.3.12.6 Data Segment Requirement Designators**

A data segment, or loop, has one of the following requirement designators for health care and insurance transaction sets, indicating its appearance in the data stream of a transmission. These requirement designators are represented by a single character code.

*Table B.8 - Data Segment Requirement Designators*

DESIGNATOR	DESCRIPTION
M- Mandatory	This data segment must be included in the transaction set. (Note that a data segment may be mandatory in a loop of data segments, but the loop itself is optional if the beginning segment of the loop is designated as optional.)
O- Optional	The presence of this data segment is the option of the sending party.

#### **B.1.1.3.12.7 Data Segment Position**

The ordinal positions of the segments in a transaction set are explicitly specified for that transaction. Subject to the flexibility provided by the optional requirement designators of the segments, this positioning must be maintained.

#### **B.1.1.3.12.8 Data Segment Occurrence**

A data segment may have a maximum occurrence of one, a finite number greater than one, or an unlimited number indicated by ">1."

#### **B.1.1.3.13 Functional Group**

A functional group is a group of similar transaction sets that is bounded by a functional group header segment and a functional group trailer segment. The functional identifier defines the group of transactions that may be included within the functional group. The value for the functional group control number in the header and trailer control segments must be identical for any given group. The value for the number of included transaction sets is the total number of transaction sets in the group. See Figure B.1 - *Transmission Control Schematic*.

### **B.1.1.4 Envelopes and Control Structures**

#### **B.1.1.4.1 Interchange Control Structures**

Typically, the term "interchange" connotes the ISA/IEA envelope that is transmitted between trading/business partners. Interchange control is achieved through several "control" components. The interchange control number is contained in data element ISA13 of the ISA segment. The identical control number must also occur in data element 02 of the IEA segment. Most commercial translation software products will verify that these two elements are identical. In most translation software products, if these elements are different the interchange will be "suspended" in error.

There are many other features of the ISA segment that are used for control measures. For instance, the ISA segment contains data elements such as authorization information, security information, sender identification, and receiver identification that can be used for control purposes. These data elements are agreed upon by the trading partners prior to transmission. The interchange date and time data elements as well as the interchange control number within the ISA segment are used for debugging purposes when there is a problem with the transmission or the interchange.

Data Element ISA12, Interchange Control Version Number, indicates the version of the ISA/IEA envelope. GS08 indicates the version of the transaction sets contained within the ISA/IEA envelope. The versions are not required to be the same. An Interchange

Acknowledgment can be requested through data element ISA14. The interchange acknowledgement is the TA1 segment. Data element ISA15, Test Indicator, is used between trading partners to indicate that the transmission is in a "test" or "production" mode. Data element ISA16, Subelement Separator, is used by the translator for interpretation of composite data elements.

The ending component of the interchange or ISA/IEA envelope is the IEA segment. Data element IEA01 indicates the number of functional groups that are included within the interchange. In most commercial translation software products, an aggregate count of functional groups is kept while interpreting the interchange. This count is then verified with data element IEA01. If there is a discrepancy, in most commercial products, the interchange is suspended. The other data element in the IEA segment is IEA02 which is referenced above.

See Appendix C, EDI Control Directory, for a complete detailing of the interchange control header and trailer. The authors recommend that when two transactions with different X12 versions numbers are sent in one interchange control structure (multiple functional groups within one ISA/IEA envelope), the Interchange Control version used should be that of the most recent transaction version included in the envelope. For the transmission of HIPAA transactions with mixed versions, this would be a compliant enveloping structure.

#### **B.1.1.4.2 Functional Groups**

Control structures within the functional group envelope include the functional identifier code in GS01. The Functional Identifier Code is used by the commercial translation software during interpretation of the interchange to determine the different transaction sets that may be included within the functional group. If an inappropriate transaction set is contained within the functional group, most commercial translation software will suspend the functional group within the interchange. The Application Sender's Code in GS02 can be used to identify the sending unit of the transmission. The Application Receiver's Code in GS03 can be used to identify the receiving unit of the transmission. The functional group contains a creation date (GS04) and creation time (GS05) for the functional group. The Group Control Number is contained in GS06. These data elements (GS04, GS05, and GS06) can be used for debugging purposes. GS08, Version/Release/Industry Identifier Code is the version/release/sub-release of the transaction sets being transmitted in this functional group.

The Functional Group Control Number in GS06 must be identical to data element 02 of the GE segment. Data element GE01 indicates the number of transaction sets within the functional group. In most commercial translation software products, an aggregate

count of the transaction sets is kept while interpreting the functional group. This count is then verified with data element GE01.

See Appendix C, EDI Control Directory, for a complete detailing of the functional group header and trailer.

### B.1.1.4.3 HL Structures

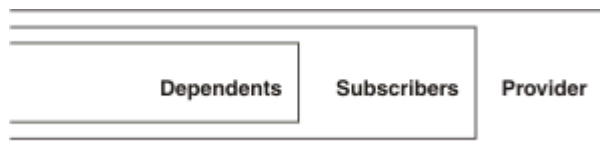
The HL segment is used in several X12 transaction sets to identify levels of detail information using a hierarchical structure, such as relating dependents to a subscriber. Hierarchical levels may differ from guide to guide.

For example, each provider can bill for one or more subscribers, each subscriber can have one or more dependents and the subscriber and the dependents can make one or more claims.

Each guide states what levels are available, the level's usage, number of repeats, and whether that level has subordinate levels within a transaction set.

For implementations compliant with this guide, the repeats of the loops identified by the HL structure shall appear in the hierarchical order specified in BHT01, when those particular hierarchical levels exist. That is, an HL parent loop must be followed by the subordinate child loops, if any, prior to commencing a new HL parent loop at the same hierarchical level.

The following diagram, from transaction set 837, illustrates a typical hierarchy.



The two examples below illustrate this requirement:

#### **Example 1 based on Implementation Guide 811X201:** **INSURER**

- First STATE in transaction (child of INSURER)
- First POLICY in transaction (child of first STATE)
- First VEHICLE in transaction (child of first POLICY)
- Second POLICY in transaction (child of first STATE)
- Second VEHICLE in transaction (child of second POLICY)
- Third VEHICLE in transaction (child of second POLICY)

Second STATE in transaction (child of INSURER)  
Third POLICY in transaction (child of second STATE)  
Fourth VEHICLE in transaction (child of third POLICY)

**Example 2 based on Implementation Guide 837X141**

First PROVIDER in transaction  
    First SUBSCRIBER in transaction (child of first PROVIDER)  
Second PROVIDER in transaction  
    Second SUBSCRIBER in transaction (child of second PROVIDER)  
        First DEPENDENT in transaction (child of second SUBSCRIBER)  
        Second DEPENDENT in transaction (child of second SUBSCRIBER)  
Third SUBSCRIBER in transaction (child of second PROVIDER)  
Third PROVIDER in transaction  
    Fourth SUBSCRIBER in transaction (child of third PROVIDER)  
    Fifth SUBSCRIBER in transaction (child of third PROVIDER)  
        Third DEPENDENT in transaction (child of fifth SUBSCRIBER)

## **B.1.1.5 Acknowledgments**

### **B.1.1.5.1 Interchange Acknowledgment, TA1**

The TA1 segment provides the capability for the interchange receiver to notify the sender that a valid envelope was received or that problems were encountered with the interchange control structure. The TA1 verifies the envelopes only. Transaction set-specific verification is accomplished through use of the Functional Acknowledgment Transaction Set, 997. See Section B.1.1.5.2 - *Functional Acknowledgment, 997*, for more details. The TA1 is unique in that it is a single segment transmitted without the GS/GE envelope structure. A TA1 can be included in an interchange with other functional groups and transactions.

Encompassed in the TA1 are the interchange control number, interchange date and time, interchange acknowledgment code, and the interchange note code. The interchange control number, interchange date and time are identical to those that were present in the transmitted interchange from the trading partner. This provides the capability to associate the TA1 with the transmitted interchange. TA104, Interchange Acknowledgment Code, indicates the status of the interchange control structure. This data element stipulates whether the transmitted interchange was accepted with no errors, accepted with errors, or rejected because of errors. TA105, Interchange Note Code, is a numerical code that indicates the error found while processing the interchange control structure. Values for this data element indicate whether the error occurred at the interchange or functional group envelope.



### B.1.1.5.2 Functional Acknowledgment, 997

The Functional Acknowledgment Transaction Set, 997, has been designed to allow trading partners to establish a comprehensive control function as a part of their business exchange process. This acknowledgment process facilitates control of EDI. There is a one-to-one correspondence between a 997 and a functional group. Segments within the 997 can identify the acceptance or rejection of the functional group, transaction sets or segments. Data elements in error can also be identified. There are many EDI implementations that have incorporated the acknowledgment process in all of their electronic communications. The 997 is used as a functional acknowledgment to a previously transmitted functional group.

The 997 is a transaction set and thus is encapsulated within the interchange control structure (envelopes) for transmission.

## B.2 Object Descriptors

Object Descriptors (OD) provide a method to uniquely identify specific locations within an implementation guide. There is an OD assigned at every level of the X12N implementation:

1. Transaction Set
2. Loop
3. Segment
4. Composite Data Element
5. Component Data Element
6. Simple Data Element

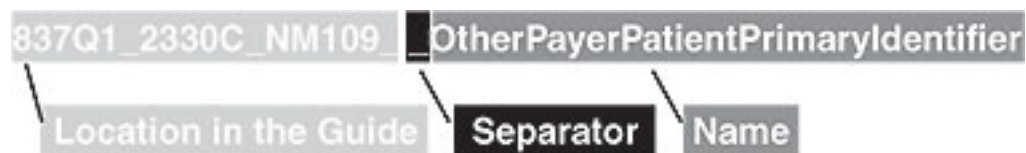
ODs at the first four levels are coded using X12 identifiers separated by underbars:

Entity	Example
1. Transaction Set Identifier plus a unique 2 character value	837Q1
2. Above plus under bar plus Loop Identifier as assigned within an implementation guide	837Q1_2330C
3. Above plus under bar plus Segment Identifier	837Q1_2330C_NM1
4. Above plus Reference Designator plus under bar plus Composite Identifier	837Q1_2400_SV101_C003

The fifth and sixth levels add a name derived from the "Industry Term" defined in the X12N Data Dictionary. The name is derived by removing the spaces.

Entity	Example
5. Number 4 above plus composite sequence plus under bar plus name	837Q1_2400_SV101_C00302_ProcedureCode
6. Number 3 above plus Reference Designator plus two under bars plus name	837Q1_2330C_NM109__OtherPayerPatientPrimaryIdentifier

Said in another way, ODs contain a coded component specifying a location in an implementation guide, a separator, and a name portion. For example:



Since ODs are unique across all X12N implementation guides, they can be used for a variety of purposes. For example, as a cross reference to older data transmission systems, like the National Standard Format for health care claims, or to form XML tags for newer data transmission systems.

# **C EDI Control Directory**

## **C.1 Control Segments**

- **ISA**  
Interchange Control Header Segment
- **GS**  
Functional Group Header Segment
- **GE**  
Functional Group Trailer Segment
- **IEA**  
Interchange Control Trailer Segment



SEGMENT DETAIL

## ISA - INTERCHANGE CONTROL HEADER

**X12 Segment Name:** Interchange Control Header

**X12 Purpose:** To start and identify an interchange of zero or more functional groups and interchange-related control segments

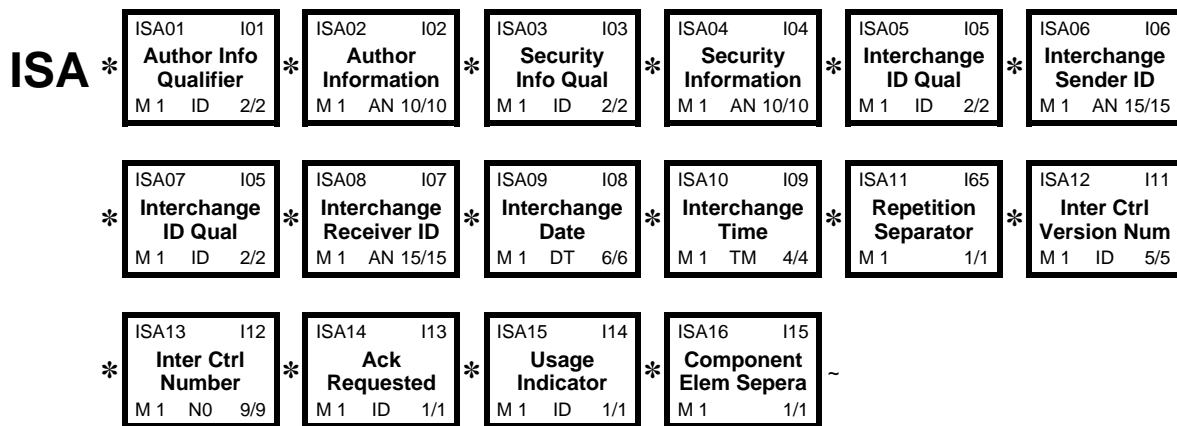
**Segment Repeat:** 1

**Usage:** REQUIRED

- TR3 Notes:**
1. All positions within each of the data elements must be filled.
  2. For compliant implementations under this implementation guide, ISA13, the interchange Control Number, must be a positive unsigned number. Therefore, the ISA segment can be considered a fixed record length segment.
  3. The first element separator defines the element separator to be used through the entire interchange.
  4. The ISA segment terminator defines the segment terminator used throughout the entire interchange.
  5. Spaces in the example interchanges are represented by “.” for clarity.

**TR3 Example:** ISA\*00\*.....\*01\*SECRET....\*ZZ\*SUBMITTERS.ID..\*ZZ\*  
RECEIVERS.ID...\*030101\*1253\*^\*00501\*000000905\*1\*T\*::~

DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES																						
REQUIRED	ISA01	I01	<b>Authorization Information Qualifier</b> Code identifying the type of information in the Authorization Information	M 1	ID	2/2																				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>00</td><td>No Authorization Information Present (No Meaningful Information in I02)</td></tr><tr><td>03</td><td>Additional Data Identification</td></tr></table>	CODE	DEFINITION	00	No Authorization Information Present (No Meaningful Information in I02)	03	Additional Data Identification																	
CODE	DEFINITION																									
00	No Authorization Information Present (No Meaningful Information in I02)																									
03	Additional Data Identification																									
REQUIRED	ISA02	I02	<b>Authorization Information</b> Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01)	M 1	AN	10/10																				
REQUIRED	ISA03	I03	<b>Security Information Qualifier</b> Code identifying the type of information in the Security Information	M 1	ID	2/2																				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>00</td><td>No Security Information Present (No Meaningful Information in I04)</td></tr><tr><td>01</td><td>Password</td></tr></table>	CODE	DEFINITION	00	No Security Information Present (No Meaningful Information in I04)	01	Password																	
CODE	DEFINITION																									
00	No Security Information Present (No Meaningful Information in I04)																									
01	Password																									
REQUIRED	ISA04	I04	<b>Security Information</b> This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03)	M 1	AN	10/10																				
REQUIRED	ISA05	I05	<b>Interchange ID Qualifier</b> Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified	M 1	ID	2/2																				
This ID qualifies the Sender in ISA06.																										
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>01</td><td>Duns (Dun &amp; Bradstreet)</td></tr><tr><td>14</td><td>Duns Plus Suffix</td></tr><tr><td>20</td><td>Health Industry Number (HIN)</td></tr><tr><td>27</td><td>Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)</td></tr><tr><td>28</td><td>Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)</td></tr><tr><td>29</td><td>Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)</td></tr><tr><td>30</td><td>U.S. Federal Tax Identification Number</td></tr><tr><td>33</td><td>National Association of Insurance Commissioners Company Code (NAIC)</td></tr><tr><td>ZZ</td><td>Mutually Defined</td></tr></table>	CODE	DEFINITION	01	Duns (Dun & Bradstreet)	14	Duns Plus Suffix	20	Health Industry Number (HIN)	27	Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)	28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)	29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)	30	U.S. Federal Tax Identification Number	33	National Association of Insurance Commissioners Company Code (NAIC)	ZZ	Mutually Defined			
CODE	DEFINITION																									
01	Duns (Dun & Bradstreet)																									
14	Duns Plus Suffix																									
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33	National Association of Insurance Commissioners Company Code (NAIC)																									
ZZ	Mutually Defined																									
REQUIRED	ISA06	I06	<b>Interchange Sender ID</b> Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element	M 1	AN	15/15																				

REQUIRED	ISA07	I05	<div>Interchange ID Qualifier</div> <div>M 1 ID 2/2</div> <div>Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified</div>																						
This ID qualifies the Receiver in ISA08.																									
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>01</td><td>Duns (Dun &amp; Bradstreet)</td></tr><tr><td>14</td><td>Duns Plus Suffix</td></tr><tr><td>20</td><td>Health Industry Number (HIN)</td></tr><tr><td></td><td>CODE SOURCE 121: Health Industry Number</td></tr><tr><td>27</td><td>Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)</td></tr><tr><td>28</td><td>Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)</td></tr><tr><td>29</td><td>Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)</td></tr><tr><td>30</td><td>U.S. Federal Tax Identification Number</td></tr><tr><td>33</td><td>National Association of Insurance Commissioners Company Code (NAIC)</td></tr><tr><td>ZZ</td><td>Mutually Defined</td></tr></table>				CODE	DEFINITION	01	Duns (Dun & Bradstreet)	14	Duns Plus Suffix	20	Health Industry Number (HIN)		CODE SOURCE 121: Health Industry Number	27	Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)	28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)	29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)	30	U.S. Federal Tax Identification Number	33	National Association of Insurance Commissioners Company Code (NAIC)	ZZ	Mutually Defined
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30	U.S. Federal Tax Identification Number																								
33	National Association of Insurance Commissioners Company Code (NAIC)																								
ZZ	Mutually Defined																								
REQUIRED	ISA08	I07	<div>Interchange Receiver ID</div> <div>M 1 AN 15/15</div> <div>Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them</div>																						
REQUIRED	ISA09	I08	<div>Interchange Date</div> <div>M 1 DT 6/6</div> <div>Date of the interchange</div>																						
The date format is YYMMDD.																									
REQUIRED	ISA10	I09	<div>Interchange Time</div> <div>M 1 TM 4/4</div> <div>Time of the interchange</div>																						
The time format is HHMM.																									
REQUIRED	ISA11	I65	<div>Repetition Separator</div> <div>M 1 1/1</div> <div>Type is not applicable; the repetition separator is a delimiter and not a data element; this field provides the delimiter used to separate repeated occurrences of a simple data element or a composite data structure; this value must be different than the data element separator, component element separator, and the segment terminator</div>																						
REQUIRED	ISA12	I11	<div>Interchange Control Version Number</div> <div>M 1 ID 5/5</div> <div>Code specifying the version number of the interchange control segments</div>																						
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>00501</td><td>Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003</td></tr></table>				CODE	DEFINITION	00501	Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003																		
CODE	DEFINITION																								
00501	Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003																								
REQUIRED	ISA13	I12	<div>Interchange Control Number</div> <div>M 1 N0 9/9</div> <div>A control number assigned by the interchange sender</div>																						
The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.																									
Must be a positive unsigned number and must be identical to the value in IEA02.																									

CONTROL SEGMENTS

REQUIRED	ISA14	I13	<b>Acknowledgment Requested</b> Code indicating sender's request for an interchange acknowledgment <b>See Section B.1.1.5.1 for interchange acknowledgment information.</b>	M 1	ID	1/1						
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>0</td><td>No Interchange Acknowledgment Requested</td></tr><tr><td>1</td><td>Interchange Acknowledgment Requested (TA1)</td></tr></table>	CODE	DEFINITION	0	No Interchange Acknowledgment Requested	1	Interchange Acknowledgment Requested (TA1)			
CODE	DEFINITION											
0	No Interchange Acknowledgment Requested											
1	Interchange Acknowledgment Requested (TA1)											
REQUIRED	ISA15	I14	<b>Interchange Usage Indicator</b> Code indicating whether data enclosed by this interchange envelope is test, production or information	M 1	ID	1/1						
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>P</td><td>Production Data</td></tr><tr><td>T</td><td>Test Data</td></tr></table>	CODE	DEFINITION	P	Production Data	T	Test Data			
CODE	DEFINITION											
P	Production Data											
T	Test Data											
REQUIRED	ISA16	I15	<b>Component Element Separator</b> Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator	M 1		1/1						

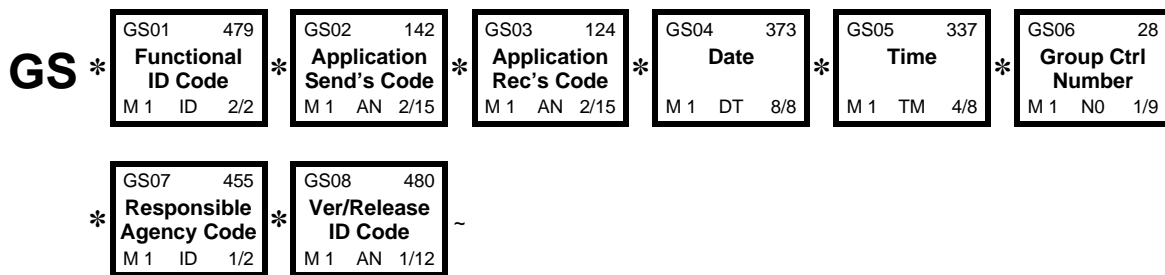


## SEGMENT DETAIL

## GS - FUNCTIONAL GROUP HEADER

**X12 Segment Name:** Functional Group Header**X12 Purpose:** To indicate the beginning of a functional group and to provide control information**X12 Comments:** 1. A functional group of related transaction sets, within the scope of X12 standards, consists of a collection of similar transaction sets enclosed by a functional group header and a functional group trailer.**Segment Repeat:** 1**Usage:** REQUIRED**TR3 Example:** GS\*BE\*SENDER CODE\*RECEIVER CODE\*19991231\*0802\*  
1\*X\*005010X220~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	GS01	479	<b>Functional Identifier Code</b> Code identifying a group of application related transaction sets  <b>This is the 2-character Functional Identifier Code assigned to each transaction set by X12. The specific code for a transaction set defined by this implementation guide is presented in section 1.2, Version Information.</b>	M 1 ID 2/2
REQUIRED	GS02	142	<b>Application Sender's Code</b> Code identifying party sending transmission; codes agreed to by trading partners  <b>Use this code to identify the unit sending the information.</b>	M 1 AN 2/15
REQUIRED	GS03	124	<b>Application Receiver's Code</b> Code identifying party receiving transmission; codes agreed to by trading partners  <b>Use this code to identify the unit receiving the information.</b>	M 1 AN 2/15
REQUIRED	GS04	373	<b>Date</b> Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year  SEMANTIC: GS04 is the group date.  <b>Use this date for the functional group creation date.</b>	M 1 DT 8/8

REQUIRED	GS05	337	<b>Time</b> Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)  SEMANTIC: GS05 is the group time.  Use this time for the creation time. The recommended format is HHMM.	M 1 TM 4/8
REQUIRED	GS06	28	<b>Group Control Number</b> Assigned number originated and maintained by the sender  SEMANTIC: The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02.  For implementations compliant with this guide, GS06 must be unique within a single transmission (that is, within a single ISA to IEA enveloping structure). The authors recommend that GS06 be unique within all transmissions over a period of time to be determined by the sender.	M 1 N0 1/9
REQUIRED	GS07	455	<b>Responsible Agency Code</b> Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480  CODE DEFINITION  X Accredited Standards Committee X12	M 1 ID 1/2
REQUIRED	GS08	480	<b>Version / Release / Industry Identifier Code</b> Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed  CODE SOURCE 881: Version / Release / Industry Identifier Code  This is the unique Version/Release/Industry Identifier Code assigned to an implementation by X12N. The specific code for a transaction set defined by this implementation guide is presented in section 1.2, Version Information.  CODE DEFINITION  005010X220 Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003	M 1 AN 1/12

SEGMENT DETAIL

## GE - FUNCTIONAL GROUP TRAILER

**X12 Segment Name:** Functional Group Trailer

**X12 Purpose:** To indicate the end of a functional group and to provide control information

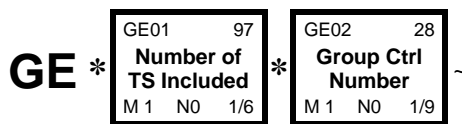
**X12 Comments:** 1. The use of identical data interchange control numbers in the associated functional group header and trailer is designed to maximize functional group integrity. The control number is the same as that used in the corresponding header.

**Segment Repeat:** 1

**Usage:** REQUIRED

**TR3 Example:** GE\*1\*1~

DIAGRAM



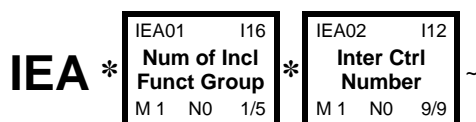
ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	GE01	97	<b>Number of Transaction Sets Included</b> Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element	M 1 NO 1/6
REQUIRED	GE02	28	<b>Group Control Number</b> Assigned number originated and maintained by the sender  <b>SEMANTIC:</b> The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.	M 1 NO 1/9

## SEGMENT DETAIL

**IEA - INTERCHANGE CONTROL TRAILER****X12 Segment Name:** Interchange Control Trailer**X12 Purpose:** To define the end of an interchange of zero or more functional groups and interchange-related control segments**Segment Repeat:** 1**Usage:** REQUIRED**TR3 Example:** IEA\*1\*000000905~

## DIAGRAM



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	IEA01	I16	<b>Number of Included Functional Groups</b> A count of the number of functional groups included in an interchange	M 1	NO	1/5
REQUIRED	IEA02	I12	<b>Interchange Control Number</b> A control number assigned by the interchange sender	M 1	NO	9/9

## D Change Summary

This Implementation Guide defines X12N implementation 005010X220 of the Benefit Enrollment and Maintenance. It is based on version/release/subrelease 005010 of the ASC X12 standards.

The previous X12N implementation of the Benefit Enrollment and Maintenance was 004050X125. It was based on the version/release/subrelease 004050 of the ASC X12 standards.

Implementation of 005010X220 contains significant changes and clarifications. It can only be used with other trading partners who have also implemented 005010X220. Below is a high-level description of the changes in the implementation of 005010X220.

### Changes to the Section 1

1. Section 1.1 changed version to 5010.
2. Section 1.2 changed version to 5010.
3. Section 1.3.1 updated last paragraph.
4. Section 1.3.2 new paragraph added.
5. Section 1.4.1 wording changed
6. Section 1.4.5 new paragraph added.
7. Section 1.5 new section added.
8. Section 1.6.1 new section added.
9. Section 1.6.2 new section added.
10. Section 1.6.3 new section added.
11. Section 1.4 new section added.

### Changes to the Section 2

#### 834 Changes

1. ST03 and ST03 wording changed to match the 837 TR3's.
2. BGN08 added code RX
3. Header QTY segment added. Valid codes are ET, DT, TO.
4. 1000B Header N103 'advised' removed from code value XV.
5. 2000 INS02 note changed.
6. 2000 INS03 note changed for code value 30.
7. 2000 INS13 note changed.
7. 2000 INS04 note changed
8. 2000 INS04 new codes added AA, AB, AC, AD, AE, AF, AG, AH, AJ, AL and EC.
9. 2000 INS04 note changed for codes 22, 26, 27, 28, 29, XN, XT.

10. 2000 INS13 changed the usage from 'Not Used' to 'Situational' and added a usage note.
11. 2000 INS17 note changed.
12. 2000 REF increased the repeat to 10.
13. 2000 REF TR3 note corrected.
14. 2000 REF note changed.
15. 2000 REF01 added codes 4A and P5.
16. 2000 DTP increased the repeat to 24 from 22.
17. 2000 DTP note changed.
18. 2000 DTP01 note changed for code 357.
19. 2100A NM104 changed usage from 'Required' to 'Situational' and added a usage note.
20. 2100A NM108 note changed.
21. 2100A NM109 note changed.
22. 2100A PER note changed.
23. 2100A PER05 note changed.
24. 2100A PER07 note changed.
25. 2100A N3 note changed.
26. 2100A N406 note changed.
27. 2100A DMG03 note changed.
28. 2100A DMG06 note changed.
29. 2100A AMT increase repeat to 7 from 4.
30. 2100A AMT01 added codes R, FK and EBA.
31. 2100A HLH02 note changed.
32. 2100A LUI note changed.
33. 2100A LUI01 note changed.
34. 2100B NM1 note changed.
35. 2100B NM101 note removed.
36. 2100B NM108 note changed.
37. 2100B NM109 note changed.
38. 2100B DMG01 changed usage from 'Required' to 'Situational' and added a usage note.
39. 2100B DMG02 changed usage from 'Required' to 'Situational' and added a usage note.
40. 2100B DMG03 changed usage from 'Required' to 'Situational' and added a usage note.
41. 2100D NM1 note changed.

42. 2100D NM105 note changed.
43. 2100D NM106 note changed.
44. 2100D NM107 note changed.
45. 2100D NM108 note changed.
46. 2100D NM109 note changed.
47. 2100D PER note changed.
48. 2100D PER05 note changed.
49. 2100D PER07 note changed.
50. 2100E PER note changed.
51. 2100E PER05 note changed.
52. 2100E PER07 note changed.
53. 2100F NM108 note changed.
54. 2100F NM109 note changed
55. 2100F PER note changed.
56. 2100F PER05 note changed.
57. 2100F PER07 note changed.
58. 2100G NM1 note changed.
59. 2100G NM1 increased repeat from 1 to 13.
60. 2100G NM101 added codes 6Y, 9K, LR, GB, TZ, X4.
61. 2100G NM101 note changed for code EI.
62. 2100G NM104-NM107 - usage changed to situational
63. 2100G NM108 note changed.
64. 2100G NM109 note changed
65. 2100G PER note changed.
66. 2100G PER05 note changed.
67. 2100G PER07 note changed.
68. 2100H new 'Drop-Off Location' loop.
69. 2200 DSB07 note changed and added code ZZ.
70. 2200 DSB08 note changed.
71. 2200 DTP note changed.
72. 2300 REF01 added codes CE, E8, M7, RB, ZX, PID, XX1 and XX2.
73. 2300 REF01 removed notes from codes 17, 9V.
74. 2300 HD03 added codes AC, ADD, AF, AP, AR, LL, and UL.
75. 2300 HD04 note changed.
76. 2300 HD05 note changed.
77. 2300 HD06 usage changed.

78. 2300 HD09 changed usage from 'Not Used' to 'Situational' and added a usage note.
79. 2300 DTP01 increased usage to 6.
80. 2300 DTP01 note changed for code 348.
81. 2300 DTP01 note changed for code 349.
82. 2300 DTP01 added codes 300 and 695.
83. 2300 DTP02 added code RD8.
84. 2300 AMT increased repeat to 9.
85. 2300 AMT01 added codes R, FK, EBA and IO.
86. 2300 REF increased repeat to 12 from 4.
87. 2300 REF note added.
88. 2300 IDC01 note changed.
89. 2300 IDC02 note changed.
90. 2310 LX note changed.
91. 2310 NM108 and NM109 note changed.
92. 2310 N3 note changed.
93. 2310 N3 segment added.
94. 2310 N4 note changed.
95. 2310 N405 usage changed.
96. 2310 PER note changed.
97. 2310 PER05 note changed.
98. 2310 PER07 note changed.
99. 2310 PLA segment name changed.
100. 2320 COB04 usage changed to situational.
101. 2320 COB04 code values 1, 48, 50, 35, BB, A4, 54, AG, 90, AL added.
102. 2320 REF note changed.
103. 2330 NM1 loop renamed to Coordination of Benefits Other Insurance Company.
104. 2330 NM1 segment repeat increased to 3.
105. 2330 NM101 code values GW,36 added.
106. 2330 NM103 implementation name changed to Coordination of Benefits Insurer Name.
107. 2330 NM109 implementation name changed to Coordination of Benefits Insurer Identification Code.
108. 2330 NM108 note changed.
109. 2330 NM109 note changed
110. 2330 N3 segment added



- 111. 2330 N4 segment added
- 112. 2330 PER segment added
- 113. 2700 new 'Additional Reporting Categories' loop added.
- 114. 2710 LX new segment added.
- 115. 2750 N1 new segment added.
- 116. 2750 REF new segment added
- 117. 2750 DTP new segment added.

#### **Changes to Section 3**

- 1. Business Case Scenario 9 added.
- 2. Business Case Scenario 10 added.

#### **Changes to Section E**

- 1. Data element definition supplied for Late Enrollment Indicator.
- 2. Data element definition supplied for Member Reporting Category Effective Date
- 3. Data element definition supplied for Member Reporting Category Reference ID.
- 4. Data element definition supplied for Member Reporting Category Name.



# E Data Element Glossary

## E.1 Data Element Name Index

This section contains an alphabetic listing of data elements used in this implementation guide. Consult the X12N Data Element Dictionary for a complete list of all X12N Data Elements. Data element names in normal type are generic ASC X12 names. *Italic type* indicates a health care industry defined name.

Number - Name	1 - <i>Payment Date</i>
Definition	Date of payment.
Transaction Set ID	277
Locator Key	D   2200D   SPA12   C001-2   373 ..... 156
H=Header, D=Detail, S=Summary	
Loop ID	
Segment ID/Reference Designator	
Composite ID-Sequence	
Data Element Number	
Page Number	

### Action Code

Code indicating type of action

H		BGN08	-	306.....	35
D	2300	IDC04	-	306.....	151
D	2310	PLA01	-	306.....	162

### Address Information

Address information.

D	2330	N301	-	166.....	171
D	2330	N302	-	166.....	171

### Amount Qualifier Code

Code to qualify amount.

D	2100A	AMT01	-	522.....	81
D	2300	AMT01	-	522.....	145

### Assigned Number

Number assigned for differentiation within a transaction set.

D	2310	LX01	-	554.....	152
D	2710	LX01	-	554.....	177

### Benefit Status Code

The type of coverage under which benefits are paid.

D	2000	INS05	-	1216.....	51
---	------	-------	---	-----------	----

### Birth Sequence Number

A number indicating the order of birth for the identified person in relationship to family members with the same date of birth.

D	2000	INS17	-	1470.....	54
---	------	-------	---	-----------	----

### Citizenship Status Code

Code indicating citizenship status

D	2100A	DMG06	-	1066.....	74
D	2100B	DMG06	-	1066.....	91

### Code List Qualifier Code

Code identifying a specific industry code list.

D	2100A	DMG05	C056-2	1270.....	73
D	2100A	DMG10	-	1270.....	74
D	2100B	DMG05	C056-2	1270.....	90
D	2100B	DMG10	-	1270.....	91

### Communication Number

Complete communications number including country or area code when applicable

D	2100A	PER04	-	364.....	66
D	2100A	PER06	-	364.....	67
D	2100A	PER08	-	364.....	67
D	2100D	PER04	-	364.....	101
D	2100D	PER06	-	364.....	102
D	2100D	PER08	-	364.....	102
D	2100E	PER04	-	364.....	109
D	2100E	PER06	-	364.....	109
D	2100E	PER08	-	364.....	110
D	2100F	PER04	-	364.....	118
D	2100F	PER06	-	364.....	119
D	2100F	PER08	-	364.....	119
D	2100G	PER04	-	364.....	127
D	2100G	PER06	-	364.....	128
D	2100G	PER08	-	364.....	128
D	2310	PER04	-	364.....	160
D	2310	PER06	-	364.....	161
D	2310	PER08	-	364.....	161
D	2330	PER04	-	364.....	175

### Communication Number Qualifier

Code identifying the type of communication number.

D	2100A	PER03	-	365	66
D	2100A	PER05	-	365	66
D	2100A	PER07	-	365	67
D	2100D	PER03	-	365	101
D	2100D	PER05	-	365	101
D	2100D	PER07	-	365	102
D	2100E	PER03	-	365	109
D	2100E	PER05	-	365	109
D	2100E	PER07	-	365	110
D	2100F	PER03	-	365	118
D	2100F	PER05	-	365	118
D	2100F	PER07	-	365	119
D	2100G	PER03	-	365	127
D	2100G	PER05	-	365	127
D	2100G	PER07	-	365	128
D	2310	PER03	-	365	160
D	2310	PER05	-	365	160
D	2310	PER07	-	365	161
D	2330	PER03	-	365	175

### Confidentiality Code

Code indicating the access to insured information.

D	2000	INS13	-	1165	54
---	------	-------	---	------	----

### Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event Code

A Qualifying Event is an event under the law which results in loss of coverage for a Qualified Beneficiary.

D	2000	INS07	-	1219	52
---	------	-------	---	------	----

### Contact Function Code

Code identifying the major duty or responsibility of the person or group named.

D	2100A	PER01	-	366	66
D	2100D	PER01	-	366	101
D	2100E	PER01	-	366	109
D	2100F	PER01	-	366	118
D	2100G	PER01	-	366	127
D	2310	PER01	-	366	160
D	2330	PER01	-	366	174

### Contract Amount

Fixed monetary amount pertaining to the contract

D	2100A	AMT02	-	782	81
D	2300	AMT02	-	782	145

### Coordination of Benefits Code

Code identifying whether there is a coordination of benefits

D	2320	COB03	-	1143	164
---	------	-------	---	------	-----

### Coordination of Benefits Date

The dates of eligibility for coordination of benefits

D	2320	DTP03	-	1251	168
---	------	-------	---	------	-----

### Coordination of Benefits

#### Insurer Identification Code

Code identifying the insurer for coordination of benefits.

D	2330	NM109	-	67	170
---	------	-------	---	----	-----

### Coordination of Benefits

#### Insurer Name

Name of the insurer for coordination of benefits.

D	2330	NM103	-	1035	170
---	------	-------	---	------	-----

### Coordination of Benefits Other

#### Insurance Company City Name

Name of the city in which the Other Insurance Company exists.

D	2330	N401	-	19	172
---	------	------	---	----	-----

### Coordination of Benefits Other

#### Insurance Company Postal

#### Zone or ZIP Code

Zip code in which the Other Insurance Company exists.

D	2330	N403	-	116	173
---	------	------	---	-----	-----

### Coordination of Benefits Other

#### Insurance Company State Code

State in which the Other Insurance Company exists.

D	2330	N402	-	156	173
---	------	------	---	-----	-----

### Country Code

Code indicating the geographic location.

D	2100A	N404	-	26	70
D	2100C	N404	-	26	96
D	2100D	N404	-	26	105
D	2100E	N404	-	26	113
D	2100F	N404	-	26	122
D	2100G	N404	-	26	131
D	2100H	N404	-	26	136
D	2310	N404	-	26	158
D	2330	N404	-	26	173

### Country Subdivision Code

Code identifying the country subdivision.

D	2100A	N407	-	1715	70
D	2100C	N407	-	1715	96
D	2100D	N407	-	1715	105
D	2100E	N407	-	1715	113
D	2100F	N407	-	1715	122
D	2100G	N407	-	1715	131
D	2100H	N407	-	1715	136
D	2310	N407	-	1715	158
D	2330	N407	-	1715	173

### Coverage Level Code

Code indicating the level of coverage being provided for this insured  
D | 2300 | HD05 | - | 1207 ..... 142

### Coverage Period

The coverage period associated with this premium payment.  
D | 2300 | DTP03 | - | 1251 ..... 144

### Custodial Parent Address Line

The first line of the address of the individual's parent who has legal custody of the individual.  
D | 2100F | N301 | - | 166 ..... 120  
D | 2100F | N302 | - | 166 ..... 120

### Custodial Parent City Name

The city of the individual's parent who has legal custody of the individual.  
D | 2100F | N401 | - | 19 ..... 121

### Custodial Parent First Name

The first name of the individual's parent who has legal custody of the individual.  
D | 2100F | NM104 | - | 1036 ..... 115

### Custodial Parent Identifier

The identification number of the individual's parent who has legal custody of the individual.  
D | 2100F | NM109 | - | 67 ..... 116

### Custodial Parent Last Name

The last name of the individual's parent who has legal custody of the individual.  
D | 2100F | NM103 | - | 1035 ..... 115

### Custodial Parent Middle Name

The middle name of the individual's parent who has legal custody of the individual.  
D | 2100F | NM105 | - | 1037 ..... 115

### Custodial Parent Name Prefix

The prefix to the name of the individual's parent who has legal custody of the individual.  
D | 2100F | NM106 | - | 1038 ..... 115

### Custodial Parent Name Suffix

The suffix to the name of the individual's parent who has legal custody of the individual.  
D | 2100F | NM107 | - | 1039 ..... 115

### Custodial Parent Postal Zone or ZIP Code

The postal ZIP code of the individual's parent who has legal custody of the individual.  
D | 2100F | N403 | - | 116 ..... 122

### Custodial Parent State Code

The code for the state of the individual's parent who has legal custody of the individual.  
D | 2100F | N402 | - | 156 ..... 122

### Date Time Period

Expression of a date, a time, or a range of dates, times, or dates and times.  
H | | DTP03 | - | 1251 ..... 37

### Date Time Period Format Qualifier

Code indicating the date format, time format, or date and time format.  
H | | DTP02 | - | 1250 ..... 37  
D | 2000 | INS11 | - | 1250 ..... 53  
D | 2000 | DTP02 | - | 1250 ..... 60  
D | 2100A | DMG01 | - | 1250 ..... 71  
D | 2100B | DMG01 | - | 1250 ..... 89  
D | 2200 | DTP02 | - | 1250 ..... 139  
D | 2300 | DTP02 | - | 1250 ..... 144  
D | 2320 | DTP02 | - | 1250 ..... 168  
D | 2750 | DTP02 | - | 1250 ..... 181

### Date Time Qualifier

Code specifying the type of date or time or both date and time.  
H | | DTP01 | - | 374 ..... 37  
D | 2000 | DTP01 | - | 374 ..... 59  
D | 2200 | DTP01 | - | 374 ..... 139  
D | 2300 | DTP01 | - | 374 ..... 143  
D | 2320 | DTP01 | - | 374 ..... 168  
D | 2750 | DTP01 | - | 374 ..... 181

### Diagnosis Code

An ICD-9-CM Diagnosis Code identifying a diagnosed medical condition.  
D | 2200 | DSB08 | - | 1137 ..... 138

### Disability Eligibility Date

Date when individual became eligible for disability benefits.  
D | 2200 | DTP03 | - | 1251 ..... 139

### Disability Type Code

An indicator to describe type of disability.  
D | 2200 | DSB01 | - | 1146 ..... 137

### Drop Off Location Address Line

The address line of the drop off location.  
D | 2100H | N301 | - | 166 ..... 134  
D | 2100H | N302 | - | 166 ..... 134

### Drop Off Location City Name

The city name of the drop off location address.  
D | 2100H | N401 | - | 19 ..... 135

### Drop Off Location Postal Zone or ZIP Code

The postal ZIP code of the drop off location address.

D		2100H		N403		-		116.....	136
---	--	-------	--	------	--	---	--	----------	-----

### Drop Off Location State Code

The state code of the drop off location address.

D		2100H		N402		-		156.....	136
---	--	-------	--	------	--	---	--	----------	-----

### Employment Class Code

Code indicating category of employee.

D		2100A		EC01		-		1176.....	76
D		2100A		EC02		-		1176.....	77
D		2100A		EC03		-		1176.....	77

### Employment Status Code

A code used to define the employment status of the individual covered by this insurance payer.

D		2000		INS08		-		584.....	52
---	--	------	--	-------	--	---	--	----------	----

### Entity Identifier Code

Code identifying an organizational entity, a physical location, property or an individual.

H		1000A		N101		-		98.....	39
H		1000B		N101		-		98.....	41
H		1000C		N101		-		98.....	43
D		2100A		NM101		-		98.....	62
D		2100B		NM101		-		98.....	86
D		2100C		NM101		-		98.....	92
D		2100D		NM101		-		98.....	97
D		2100E		NM101		-		98.....	106
D		2100F		NM101		-		98.....	114
D		2100G		NM101		-		98.....	123
D		2100H		NM101		-		98.....	132
D		2310		NM101		-		98.....	153
D		2310		PLA02		-		98.....	162
D		2330		NM101		-		98.....	169
D		2750		N101		-		98.....	178

### Entity Relationship Code

Code describing the relationship of one identified person to another.

D		2310		NM110		-		706.....	155
---	--	------	--	-------	--	---	--	----------	-----

### Entity Type Qualifier

Code qualifying the type of entity.

D		2100A		NM102		-		1065.....	63
D		2100B		NM102		-		1065.....	87
D		2100C		NM102		-		1065.....	92
D		2100D		NM102		-		1065.....	98
D		2100E		NM102		-		1065.....	106
D		2100F		NM102		-		1065.....	115
D		2100G		NM102		-		1065.....	124
D		2100H		NM102		-		1065.....	132
D		2310		NM102		-		1065.....	154
D		2330		NM102		-		1065.....	170

### Frequency Code

Code indicating frequency or type of payment.

D		2100A		ICM01		-		594.....	79
---	--	-------	--	-------	--	---	--	----------	----

### Gender Code

A code indicating the gender of the patient or insured.

D		2100A		DMG03		-		1068.....	72
---	--	-------	--	-------	--	---	--	-----------	----

### Handicap Indicator

Code indicating if individual is handicapped or not.

D		2000		INS10		-		1073.....	53
---	--	------	--	-------	--	---	--	-----------	----

### Health Related Code

Code indicating a specific health situation.

D		2100A		HLH01		-		1212.....	82
---	--	-------	--	-------	--	---	--	-----------	----

### Identification Card Count

The number of cards being requested.

D		2300		IDC03		-		380.....	151
---	--	------	--	-------	--	---	--	----------	-----

### Identification Card Type Code

Code identifying the type of identification card

D		2300		IDC02		-		1215.....	150
---	--	------	--	-------	--	---	--	-----------	-----

### Identification Code Qualifier

Code designating the system/method of code structure used for Identification Code (67).

H		1000A		N103		-		66.....	40
H		1000B		N103		-		66.....	42
H		1000C		N103		-		66.....	44
D		2100A		NM108		-		66.....	64
D		2100A		LUJ01		-		66.....	84
D		2100B		NM108		-		66.....	87
D		2100D		NM108		-		66.....	99
D		2100F		NM108		-		66.....	115
D		2100G		NM108		-		66.....	125
D		2310		NM108		-		66.....	155
D		2330		NM108		-		66.....	170

### Implementation Convention Reference

Reference assigned to identify Implementation Convention.

H				ST03		-		1705.....	31
---	--	--	--	------	--	---	--	-----------	----

### Individual Relationship Code

Code indicating the relationship between two individuals or entities.

D		2000		INS02		-		1069.....	48
---	--	------	--	-------	--	---	--	-----------	----

### Insurance Line Code

Code identifying a group of insurance products

D		2300		HD03		-		1205.....	141
---	--	------	--	------	--	---	--	-----------	-----

### Insurer Identification Code

Code identifying the insurer providing coverage.

H		1000B		N104		-		67.....	42
---	--	-------	--	------	--	---	--	---------	----

### Insurer Name

Name of the insurer providing coverage.  
H | 1000B | N102 | - | 93 ..... 41

### Language Code

Code indicating the language spoken by an individual.  
D | 2100A | LUI02 | - | 67 ..... 85

### Language Description

Narrative text indicating the language spoken by an individual.  
D | 2100A | LUI03 | - | 352 ..... 85

### Language Use Indicator

Code indicating the way a language is used by an individual, such as speaking or reading.  
D | 2100A | LUI04 | - | 1303 ..... 85

### Late Enrollment Indicator

Code identifying if the insured is a late enrollee.  
D | 2300 | HD09 | - | 1073 ..... 142

### Location Identification Code

Code which identifies a specific location.  
D | 2100A | ICM04 | - | 310 ..... 80

### Location Identifier

Code which identifies a specific location.  
D | 2100A | N406 | - | 310 ..... 70

### Location Qualifier

Code identifying type of location.  
D | 2100A | N405 | - | 309 ..... 70

### Loop Identifier Code

The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE.  
D | 2000 | LS01 | - | 447 ..... 176  
D | 2000 | LE01 | - | 447 ..... 183

### Maintenance Reason Code

Code identifying reason for the maintenance change  
D | 2000 | INS04 | - | 1203 ..... 49  
D | 2310 | PLA05 | - | 1203 ..... 163

### Maintenance Type Code

Code identifying a specific type of item maintenance  
D | 2000 | INS03 | - | 875 ..... 49  
D | 2300 | HD01 | - | 875 ..... 140

### Marital Status Code

Code defining the marital status of a person.  
D | 2100A | DMG04 | - | 1067 ..... 72  
D | 2100B | DMG04 | - | 1067 ..... 90

### Master Policy Number

The identification of the master policy providing coverage for the entities identified in the transaction.  
H | | REF02 | - | 127 ..... 36

### Medicare Eligibility Reason Code

Code specifying reason for Medicare eligibility.  
D | 2000 | INS06 | C052-2 | 1701 ..... 52

### Medicare Plan Code

Code identifying the Medicare Plan.  
D | 2000 | INS06 | C052-1 | 1218 ..... 51

### Member Address Line

Address line of the current mailing address of the insured member.  
D | 2100A | N301 | - | 166 ..... 68  
D | 2100A | N302 | - | 166 ..... 68  
D | 2100C | N301 | - | 166 ..... 94  
D | 2100C | N302 | - | 166 ..... 94

### Member Birth Date

The date of birth of the member to the indicated coverage or policy.  
D | 2100A | DMG02 | - | 1251 ..... 71

### Member City Name

City name of the member's mailing address.  
D | 2100A | N401 | - | 19 ..... 69

### Member Employer Address Line

First line of the current mailing address of the member's employer.  
D | 2100D | N301 | - | 166 ..... 103  
D | 2100D | N302 | - | 166 ..... 103

### Member Employer City Name

The city name of the member's employer.  
D | 2100D | N401 | - | 19 ..... 104

### Member Employer Communications Contact Name

The name of the member's employer.  
D | 2100D | PER02 | - | 93 ..... 101

### Member Employer First Name

First name of the member's employer.  
D | 2100D | NM104 | - | 1036 ..... 98

### **Member Employer Identifier**

Identification number or reference for the member's employer.

D | 2100D | NM109 | - | 67 ..... 99

### **Member Employer Middle Name**

Middle name of the member's employer.

D | 2100D | NM105 | - | 1037 ..... 98

### **Member Employer Name**

The name of the member's individual's employer.

D | 2100D | NM103 | - | 1035 ..... 98

### **Member Employer Name Prefix**

Prefix to the name of the member's employer.

D | 2100D | NM106 | - | 1038 ..... 98

### **Member Employer Name Suffix**

Name suffix, including generation, of the member's employer.

D | 2100D | NM107 | - | 1039 ..... 98

### **Member Employer Postal Zone or ZIP Code**

The zip code of the member's employer.

D | 2100D | N403 | - | 116 ..... 105

### **Member Employer State Code**

The state postal code of the member's employer.

D | 2100D | N402 | - | 156 ..... 105

### **Member First Name**

The first name of the insured individual to the coverage.

D | 2100A | NM104 | - | 1036 ..... 63

### **Member Group or Policy Number**

The identification number, control number, or code assigned by the carrier or administrator to identify the group under which the individual is covered.

D | 2000 | REF02 | - | 127 ..... 56  
D | 2300 | REF02 | - | 127 ..... 147  
D | 2320 | COB02 | - | 127 ..... 164  
D | 2320 | REF02 | - | 127 ..... 167

### **Member Height**

Height of member.

D | 2100A | HLH02 | - | 65 ..... 82

### **Member Identifier**

Member's unique identification number assigned by a payer.

D | 2100A | NM109 | - | 67 ..... 64

### **Member Indicator**

Indicates whether the member is the subscriber or a dependent.

D | 2000 | INS01 | - | 1073 ..... 48

### **Member Individual Death Date**

Date of death for subscriber or dependent.

D | 2000 | INS12 | - | 1251 ..... 54

### **Member Last Name**

The last name of the insured individual to the coverage.

D | 2100A | NM103 | - | 1035 ..... 63

### **Member Mail City Name**

Name of the city of the members mailing address.

D | 2100C | N401 | - | 19 ..... 95

### **Member Mail Postal Zone or ZIP Code**

Zip code of the members mailing address.

D | 2100C | N403 | - | 116 ..... 96

### **Member Mail State Code**

State of the members mailing address.

D | 2100C | N402 | - | 156 ..... 95

### **Member Middle Name**

The middle name of the insured individual to the coverage.

D | 2100A | NM105 | - | 1037 ..... 63

### **Member Name Prefix**

The name prefix of the insured individual to the coverage.

D | 2100A | NM106 | - | 1038 ..... 63

### **Member Name Suffix**

The name suffix of the insured individual to the coverage.

D | 2100A | NM107 | - | 1039 ..... 63

### **Member Postal Zone or Zip Code**

The postal zip code of the member's mailing address.

D | 2100A | N403 | - | 116 ..... 70



**Member Reporting Category  
Effective Date(s)**

The date the reporting category is effective or terminated.

D | 2750 | DTP03 | - | 1251 ..... 182

**Member Reporting Category  
Name**

The name of the reporting category.

D | 2750 | N102 | - | 93 ..... 178

**Member Reporting Category  
Reference ID**

Identifier associated with the reporting category.

D | 2750 | REF02 | - | 127 ..... 180

**Member School City Name**

Name of the city of the members school address.

D | 2100E | N401 | - | 19 ..... 112

**Member School  
Communications Contact Name**

Name of school attended by referenced member.

D | 2100E | PER02 | - | 93 ..... 109

**Member School Postal Zone or  
ZIP Code**

Zip code of the members school address.

D | 2100E | N403 | - | 116 ..... 113

**Member School State Code**

State of the members school address.

D | 2100E | N402 | - | 156 ..... 113

**Member State Code**

Member State Code.

D | 2100A | N402 | - | 156 ..... 69

**Member Supplemental Identifier**

Identifies another or additional distinguishing code number associated with the member.

D | 2000 | REF02 | - | 127 ..... 58

**Member Weight**

Weight of member.

D | 2100A | HLH03 | - | 81 ..... 83

**Name First**

Individual first name.

D | 2100H | NM104 | - | 1036 ..... 133

**Name Last or Organization  
Name**

Individual last name or organization name.

D | 2100H | NM103 | - | 1035 ..... 133

**Name Middle**

Individual middle name or initial.

D | 2100H | NM105 | - | 1037 ..... 133

**Name Prefix**

The prefix to an individual's name.

D | 2100H | NM106 | - | 1038 ..... 133

**Name Suffix**

The suffix to an individual's name.

D | 2100H | NM107 | - | 1039 ..... 133

**Original Transaction Set  
Reference Number**

Number that identified the original transaction set.

H | | BGN06 | - | 127 ..... 35

**Payer Responsibility Sequence  
Number Code**

Code identifying the insurance carrier's level of responsibility for a payment of a claim

D | 2320 | COB01 | - | 1138 ..... 164

**Plan Coverage Description**

A description or number that identifies the plan or coverage

D | 2300 | HD04 | - | 1204 ..... 141

D | 2300 | IDC01 | - | 1204 ..... 150

**Plan Sponsor Name**

The name of the entity providing coverage to the subscriber.

H | 1000A | N102 | - | 93 ..... 39

**Prior Coverage Month Count**

Number of months of prior health insurance coverage.

D | 2300 | REF02 | - | 127 ..... 148

**Prior Incorrect Insured Birth  
Date**

The birth date previously reported or used for an individual when corrected data is reported.

D | 2100B | DMG02 | - | 1251 ..... 90

**Prior Incorrect Insured Gender Code**

The gender previously reported or used for an individual when corrected data is reported.  
D | 2100B | DMG03 | - | 1068 ..... 90

**Prior Incorrect Insured Identifier**

The identification number previously reported or used for an individual when a corrected name is reported.  
D | 2100B | NM109 | - | 67 ..... 88

**Prior Incorrect Member First Name**

The first name previously reported or used for an individual when a corrected name is reported.  
D | 2100B | NM104 | - | 1036 ..... 87

**Prior Incorrect Member Last Name**

The last name previously reported or used for an individual when a corrected name is reported.  
D | 2100B | NM103 | - | 1035 ..... 87

**Prior Incorrect Member Middle Name**

The middle name previously reported or used for an individual when a corrected name is reported.  
D | 2100B | NM105 | - | 1037 ..... 87

**Prior Incorrect Member Name Prefix**

The prefix to the name previously reported or used for an individual when a corrected name is reported.  
D | 2100B | NM106 | - | 1038 ..... 87

**Prior Incorrect Member Name Suffix**

The suffix to the name previously reported or used for an individual when a corrected name is reported.  
D | 2100B | NM107 | - | 1039 ..... 87

**Product or Service ID Qualifier**

Code identifying the type/source of the descriptive number used in Product/Service ID (234).  
D | 2200 | DSB07 | - | 235 ..... 138

**Provider Address Line**

The street address of the provider.  
D | 2310 | N301 | - | 166 ..... 156  
D | 2310 | N302 | - | 166 ..... 156

**Provider City Name**

The city name of the provider.  
D | 2310 | N401 | - | 19 ..... 157

**Provider Effective Date**

The date the change of the primary care provider is effective.  
D | 2310 | PLA03 | - | 373 ..... 162

**Provider First Name**

The first name of the provider of care submitting a transaction or related to the information provided in or request by the transaction.  
D | 2310 | NM104 | - | 1036 ..... 154

**Provider Identifier**

Number assigned by the payer, regulatory authority, or other authorized body or agency to identify the provider.  
D | 2310 | NM109 | - | 67 ..... 155

**Provider Last or Organization Name**

The last name of the provider of care or name of the provider organization submitting a transaction or related to the information provided in or request by the transaction.  
D | 2310 | NM103 | - | 1035 ..... 154

**Provider Middle Name**

The middle name of the provider of care submitting a transaction or related to the information provided in or request by the transaction.  
D | 2310 | NM105 | - | 1037 ..... 154

**Provider Name Prefix**

The name prefix of the provider of care submitting a transaction or related to the information provided in or request by the transaction.  
D | 2310 | NM106 | - | 1038 ..... 154

**Provider Name Suffix**

The name suffix of the provider of care submitting a transaction or related to the information provided in or request by the transaction.  
D | 2310 | NM107 | - | 1039 ..... 155

**Provider Postal Zone or ZIP Code**

The zip code of the provider.  
D | 2310 | N403 | - | 116 ..... 158

### Provider State Code

The State Postal Code of the provider  
D | 2310 | N402 | - | 156 ..... 157

### Quantity Qualifier

Code specifying the type of quantity.  
H | | QTY01 | - | 673 ..... 38

### Race or Ethnicity Code

Code indicating the racial or ethnic background of a person.  
D | 2100A | DMG05 | C056-1 | 1109 ..... 73  
D | 2100A | DMG05 | C056-3 | 1271 ..... 74  
D | 2100B | DMG05 | C056-1 | 1109 ..... 90  
D | 2100B | DMG05 | C056-3 | 1271 ..... 91

### Race or Ethnicity Collection Code

Code identifying how the Race or Ethnicity information was collected.  
D | 2100A | DMG11 | - | 1271 ..... 75  
D | 2100B | DMG11 | - | 1271 ..... 91

### Record Totals

Total number of records in this transaction.  
H | | QTY02 | - | 380 ..... 38

### Reference Identification Qualifier

Code qualifying the reference identification.  
H | | REF01 | - | 128 ..... 36  
D | 2000 | REF01 | - | 128 ..... 55  
D | 2000 | REF01 | - | 128 ..... 56  
D | 2000 | REF01 | - | 128 ..... 57  
D | 2300 | REF01 | - | 128 ..... 146  
D | 2300 | REF01 | - | 128 ..... 148  
D | 2320 | REF01 | - | 128 ..... 166  
D | 2750 | REF01 | - | 128 ..... 179

### Responsible Party Address Line

Address line of the person or entity responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations.  
D | 2100G | N301 | - | 166 ..... 129  
D | 2100G | N302 | - | 166 ..... 129

### Responsible Party First Name

First name of the person or entity responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations.  
D | 2100G | NM104 | - | 1036 ..... 124

### Responsible Party Identifier

The identification number of the individual responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations.  
D | 2100G | NM109 | - | 67 ..... 125

### Responsible Party Last or Organization Name

Last name or organization name of the person or entity responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations.  
D | 2100G | NM103 | - | 1035 ..... 124

### Responsible Party Middle Name

Middle name of the person or entity responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations.  
D | 2100G | NM105 | - | 1037 ..... 124

### Responsible Party Name Prefix

The prefix to the name of the individual responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations.  
D | 2100G | NM106 | - | 1038 ..... 124

### Responsible Party Suffix Name

Suffix for name of the person or entity responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations.  
D | 2100G | NM107 | - | 1039 ..... 125

### Responsible Person City Name

Name of the city of the Responsible Person.  
D | 2100G | N401 | - | 19 ..... 130

### Responsible Person Postal Zone or ZIP Code

Zip code of the Responsible Person.  
D | 2100G | N403 | - | 116 ..... 131

### Responsible Person State Code

State of the Responsible Person.  
D | 2100G | N402 | - | 156 ..... 131

### Salary Grade Code

A code that identifies the salary or wage level of an employee.  
D | 2100A | ICM05 | - | 1214 ..... 80

### **School Address Line**

Address line of address for school of referenced individual

D		2100E		N301		-		166	.....	111
D		2100E		N302		-		166	.....	111

### **School Name**

Name of school attended by referenced person.

D		2100E		NM103		-		1035	.....	107
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### **Service Type Code**

Code identifying the classification of service.

D		2320		COB04		-		1365	.....	165
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### **Sponsor Identifier**

Identification of the party paying for the coverage.

H		1000A		N104		-		67	.....	40
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### **Status Information Effective Date**

The date that the status information provided is effective.

D		2000		DTP03		-		1251	.....	61
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### **Student Status Code**

Code indicating the student status of the patient if 19 years of age or older, not handicapped and not the insured

D		2000		INS09		-		1220	.....	53
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### **Subscriber Identifier**

Insured's or subscriber's unique identification number assigned by a payer.

D		2000		REF02		-		127	.....	55
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### **TPA or Broker Account Number**

Account number assigned to the Third Party Administrator or broker

H		1100C		ACT01		-		508	.....	45
H		1100C		ACT06		-		508	.....	46

### **TPA or Broker Identification Code**

Code identifying the Third Party Administrator or broker

H		1000C		N104		-		67	.....	44
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### **TPA or Broker Name**

Name of the Third Party Administrator or Broker.

H		1000C		N102		-		93	.....	43
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### **Time Zone Code**

Code identifying the time zone used in specifying a time.

H				BGN05		-		623	.....	33
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### **Transaction Segment Count**

A tally of all segments between the ST and the SE segments including the ST and SE segments.

D				SE01		-		96	.....	184
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### **Transaction Set Control Number**

The unique identification number within a transaction set.

H				ST02		-		329	.....	31
D				SE02		-		329	.....	184

### **Transaction Set Creation Date**

Identifies the date the submitter created the transaction.

H				BGN03		-		373	.....	33
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### **Transaction Set Creation Time**

Time file is created for transmission.

H				BGN04		-		337	.....	33
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### **Transaction Set Identifier Code**

Code uniquely identifying a Transaction Set.

H				ST01		-		143	.....	31
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### **Transaction Set Purpose Code**

Code identifying purpose of transaction set.

H				BGN01		-		353	.....	32
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### **Transaction Set Reference Number**

Number uniquely identifying a transaction set.

H				BGN02		-		127	.....	33
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### **Wage Amount**

Amount of wages or income for the specified period.

D		2100A		ICM02		-		782	.....	80
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### **Work Hours Count**

Number of hours of employment for a specified period.

D		2100A		ICM03		-		380	.....	80
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